

MEMBERSHIP APPLICATION

*Please tell us about yourself*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_  Male  Female

Primary Language: \_\_\_\_\_

What other languages do you speak? \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you want to receive email updates, calendars and newsletters?  Yes  No

*Who should we contact in case of emergency?*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

*Please share the following in case of medical emergency*

Doctor's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Allergies: \_\_\_\_\_

*Is there anything you feel we should know about you that would assist us in ensuring your safety, comfort, and enjoyment while at the Senior Center?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The following information is optional but helps us in our planning.**

How would you describe your race/ethnicity?

- African American     
  Asian American     
  Caucasian     
  Filipino  
 Hispanic     
  South Asian     
  Other: \_\_\_\_\_

Marital Status:

- Married     
  Single     
  Divorced     
  Widowed

Do you live alone?

- Yes       No

Do you drive?

- Yes       No

Will you need bus service?

- Yes       No

Are you a veteran?

- Yes       No

**A few more details please...**

Previous Occupation: \_\_\_\_\_

What kinds of programs/activities interest you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like the 'Volunteer Welcome Ambassador' to reach out to you?       Yes       No

**Note: Please be aware names and addresses are subject to disclosure under the Open Public Records Act (OPRA). Please read and sign below:**

I wish to become a member of South Brunswick Senior Center and participate in the activities of my choice. I recognize that due to the strenuous nature of fitness, dance, and other activities, it is required that my physician complete a medical form regarding my ability to safely participate, prior to registering for any wellness center fitness program. To use the gym equipment I must attend one training session and then I may use the equipment at my own risk anytime. I recognize that as a user of South Brunswick Senior Center facilities, and as a participant in the activities of the Center, (A) conditions in and around the recreational facilities and (B) the nature of certain activities all present certain reasonable and foreseeable risk of injury. I agree that as a user/participant, I assume all reasonable risks which may exist by virtue of participation in these activities. I agree not to hold the Township of South Brunswick, its employees, or volunteers liable in case of accident or injury while participating. I certify that I have read and understand the above statements and waiver of liability.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Age Verified \_\_\_\_\_ Type of ID \_\_\_\_\_

Address Verified \_\_\_\_\_ Type of ID \_\_\_\_\_

Scan Card Issued \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_