

New Horizons Senior Center

Membership Application

First Name:* _____ Middle: _____ Last Name*: _____

SSN*: _____ - _____ - _____ (Whole number preferred, Last 4 required)

Gender: Male / Female Date of Birth:* ____/____/____

Home Phone:* _____ Cell Phone: _____

Home Address* _____

City, State, Zip:* _____

Email Address (for Newsletters): _____

Are you in poverty? * Yes / No / Refused Do you Live Alone? * Yes / No Head of House: Yes / No

Marital Status: Single / Married / Widowed / Divorced / Domestic Partner

Ethnicity*: Hispanic Not Hispanic Don't Know

Ethnic Race*: American Indian / Black / Hawaiian or Pac. Islander / White Non-Hispanic / Asian / Other

Benefits Received: SSI Pace Rent/Tax Rebate Fuel Rebate Social Security SNAP

Are you a Veteran?: Yes / No Are you Registered to Vote: Yes / No

Please Check off your Income Level for Government Statistics*

Single: \$17,500 or less ____ \$29,150 or less ____ \$46,600 or less ____ Over \$46,600 ____

Married: \$20,000 or less ____ \$33,300 or Less ____ \$53,250 or less ____ Over \$53,250 ____

In Case of Emergency we should contact:* _____

Phone Numbers:* _____

Relation: _____

Medical Conditions:* _____

Allergies:* _____

Routine Medications Used:* _____

Doctor Name:* _____ Dr. Phone* _____

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GENERAL INFORMATION

HOW DID YOU LEARN ABOUT THE CENTER?

Website Calendar Posting Newspaper From a Friend
 Other: _____

PAST/PRESENT OCCUPATIONS: _____

VOLUNTEER OPPORTUNITIES (CHECK ANY THAT MAY INTEREST YOU):

GENERAL: Phoning Mailings Fundraising
 Program Planning Events Marketing

TEACHING OPPS: Dance Mah Jongg Exercise Music Language
 Crafts Cooking Art Other: _____

HOBBIES/SKILLS: _____

INTERESTS:

<input type="checkbox"/> BINGO	<input type="checkbox"/> BOOK CLUB	<input type="checkbox"/> BRIDGE
<input type="checkbox"/> CERAMICS	<input type="checkbox"/> CHESS	<input type="checkbox"/> COMPUTER
<input type="checkbox"/> COOKING	<input type="checkbox"/> CRAFTS	<input type="checkbox"/> CURRENT EVENTS
<input type="checkbox"/> DANCING	<input type="checkbox"/> EXERCISE	<input type="checkbox"/> GARDENING
<input type="checkbox"/> SPEAKERS	<input type="checkbox"/> LANGUAGES	<input type="checkbox"/> MOVIES
<input type="checkbox"/> PAINTING	<input type="checkbox"/> PINOCHLE	<input type="checkbox"/> SCRABBLE
<input type="checkbox"/> SEWING	<input type="checkbox"/> SINGING	<input type="checkbox"/> TRAVELING

OTHER: _____

NEW THINGS YOU'D LIKE TO LEARN: _____

PROGRAM SUGGESTIONS: _____

ANYTHING ELSE WE SHOULD KNOW?: _____

WHY I JOINED NEW HORIZONS:

Make Friends Activities (Specify) _____

MEMBERSHIP LEVELS (ANNUAL RENEWALS FOR ALL LEVELS):

BASIC: SINGLE: \$30 COUPLE: \$45
SUPPORTIVE: SINGLE: \$100 + COUPLE: \$125

*Supportive memberships are essential for us to continue providing vital programs and services for our dear members and community, including underwriting those who cannot afford to be members. All memberships are tax deductible. Please pay what you can to contribute this essential community resource.

*As a participant of New Horizons I hereby grant the organization permission to use my likeness in a photograph, video, or other digital media in any and all of its promotional materials, including web-based publications, without payment or other consideration.

SIGNATURE: _____

DATE: ___/___/___