

New Horizons Senior Center

Membership Application

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

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

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

Gender Identity*: Male / Female / Non-Binary / Transgender Male (F -> M) /

Transgender Female (M -> F) / Other _____

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: \$23,450 or less _____ \$39,000 or less _____ \$62,500 or less _____ Over \$62,500 _____

Married: \$26,800 or less _____ \$44,650 or Less _____ \$71,400 or less _____ Over \$71,400 _____

In Case of Emergency we should contact*: _____

Phone Numbers*: _____

Relation: _____

Medical Conditions*: _____

Allergies*: _____

Routine Medications Used*: _____

Doctor Name*: _____ **Dr. Phone*:** _____