



GIG HARBOR SENIOR CENTER

Member Information (required, please use blue or black ink)

Last Name _____ First Name _____ MI _____
 Address _____ City _____ State _____ Zip Code _____
 Home Phone _____ Cell Phone _____ Date of Birth _____
 Email Address _____ Today's Date _____

Emergency Information (required)

Emergency Contact _____ Relationship _____ Phone # _____
 Emergency Contact _____ Relationship _____ Phone # _____
 Medical Insurance (Yes/No) _____ Insurance Company _____
 Preferred Hospital _____ Medical Info: _____

Note any medical problems related to your health we should be aware of (i.e., medications, allergies, asthma, seizures, disabilities, etc.)

Special Interests: _____

Demographic Information (optional, information may be used for grant applications)

___ Married ___ Single ___ Widowed ___ # In Household
 ___ African-American ___ Hispanic ___ Asian ___ American Indian/Alaskan ___ Caucasian
 ___ Native/Hawaiian/Pacific Islander ___ Prefer Not To Answer

Total Monthly Income: ___ Less than \$1,100 ___ \$1,100 - \$1,400 ___ \$1,500-\$2,500 ___ Over \$2,500



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The Gig Harbor Senior Center is for people of all races, religions, gender choice and ethnic cultures

Read and initial below, indicating understanding:

_____ I understand the membership fee that is paid is to register myself in our files. It is not a fee for any activity. It is **non-refundable**. I further understand that fees for other services or programs may be charged.

_____ I realize that participation in physical recreation and other activities carries the possibility of severe or permanent injury. In the event that I am injured or should require medical attention, I hereby authorize a staff person to secure necessary medical treatment. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my medical treatment(s) that may proceed without further authorization. I release the Gig Harbor Senior Center from any liability for accidents or injuries that occur while I am in their facility.

_____ I agree to fully abide by, and cooperate with, staff members and volunteers of the Gig Harbor Senior Center and follow the organizations policies and procedures. I also fully understand that failure to accept responsibility for inappropriate actions may result in corrective action and/or membership cancellation.

_____ I understand the four (4) codes of conduct of the Gig Harbor Senior Center::

- 1) Respect yourself and other members and visitors.
- 2) Respect for all staff and volunteers as employees and program leaders.
- 3) Respect for Center's facilities and equipment.
- 4) Strictly prohibited actions:
 - a) Cursing, swearing, racial remarks, or any other form of verbal abuse.
 - b) Fighting or any other form of physical abuse.
 - c) Use, or possession of controlled substances, weapons or intoxicants.
 - d) Smoking, chewing, vaping or any other use of tobacco products.

_____ The Senior Center is not responsible for lost or stolen items and members are discouraged from bringing items of value.

_____ Members are free to come and go as they please, within designated Center hours.

_____ Board members will not pursue their own interest for their own personal gain.

_____ Board members will not have conflict of interest with the Senior Center values.

Signature _____

Date _____



GIG HARBOR SENIOR CENTER

Member Name _____

Effective Date _____

Address _____

Phone # _____

_____ \$50/Individual Membership
12-month membership effective date of sign-up/renewal

_____ \$1,000 Lifetime Charter Membership _____ Request Financial Assistance

_____ Yes _____ No Renewal Membership?

Method of Payment

___ Check Please make checks out to "*Gig Harbor Senior Center*"

___ Cash _____ Amount

___ Credit Card

If you wish to pay via credit card, please check "Credit Card" and we will get back with you with a phone call to collect necessary card information. Thank you.

Signature _____

Date _____

Form and Remittance can be mailed directly to:

Gig Harbor Senior Center
7191 Wagner Way, Suite 102
Gig Harbor, WA 98335