



Meridian Senior Center 2024 Membership Application



Primary Member

Name: _____
 Date of Birth: ____/____/____
 Gender: ___ Female ___ Male
 Address _____ City: _____ Zip: _____
 Home Phone (____) _____ Alternate Phone (____) _____
 Email (please print clearly) _____

Spouses membership information (fill this area in ONLY if you are joining as a couple)**

Spouse's Name: _____
 Date of Birth: ____/____/____
 Gender: ___ Female ___ Male
 Alternate Phone (____) _____
 Email (please print clearly) _____

In Case of Emergency

Contact Name _____
 Relationship _____ Phone # _____

Would you like to make a tax deductible donation to the Meridian Senior Center?

Yes ___ Amount: \$ _____ No ___

Notice Of Participation

This notice is to inform participants that 911 will be called for perceived medical emergencies. In such an occurrence senior center staff, volunteers or representatives are released from all liability. This falls under the good Samaritan act.

As part of the public programs at the center, pictures and videos are taken to be used for promotion of the center's activities.

Waiver

In consideration of your accepting my entry, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I may have against Meridian Township Parks and Recreation Dept., Okemos Public Schools., and its representatives, successors and assigns for any and all injuries suffered by myself at any activity sponsored by these groups. I understand that I am encouraged to maintain proper insurance coverage for myself during the duration of my participation and specified activities with this Department. I do hereby certify all the above information to be correct and true.

I have read and understand the code of conduct, safety and security protocol and notice of participation of the Meridian Senior Center. ****This form is signed and dated in order for this application to be valid.**

Signature: _____ Date: ____/____/____

Membership Pricing for 2024

Resident: Meridian Township Resident Non Resident: Lives outside of Meridian Township

Resident --	\$25.00 (Single)	\$35.00 (Couple)
Non Resident--	\$35.00 (Single)	\$45.00 (Couple)

Make Checks Payable to:
Meridian Senior Center
4000 Okemos Rd.
Okemos, MI 48864

How would you like to receive your Newsletter? Mail _____ Email_____

Please list types of medical conditions you think we should be aware of or medications you are taking:

Allergies:

Drug_____Food_____Other_____

Are you a Veteran? ___Yes ___No

Would you be interested in Volunteering? ___Yes ___No

For Office Use Only

Date_____

Processed by _____

Key tag # _____

Amount Paid \$_____

_____Check _____Check # _____Credit Card

RecPro_____ MySC _____ Receipt _____