



Meridian Senior Center

2019 Membership Application



Primary Members Name _____

Address _____ City: _____ Zip: _____

Home Phone (____) _____ Alternate Phone (____) _____

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

Email (please print clearly) _____

Spouses membership information

Spouse's Name: _____

Address _____ City: _____ Zip: _____

Home Phone (____) _____ Alternate Phone (____) _____

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

Email _____

In Case of Emergency

Contact Name _____ Relationship _____

Phone # _____ Email address: _____

I have read and understand the code of conduct, safety and security protocol and notice of participation of the Meridian Senior Center. ****This box must checked, as well as signed and dated at the bottom in order for this application to be valid.**

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 video are taken to be used for promotion of the centers 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.

Signature: _____

Date: ____/____/____

Membership Pricing

Resident	\$15 (S)	\$25 (C)
Non Resident	\$20 (S)	\$35 (C)

How would you like to receive your Newsletter?

Mail _____ Email _____

Are you interested in volunteering

- | | |
|---|---|
| <input type="checkbox"/> Advisory Board | <input type="checkbox"/> Kitchen Volunteers |
| <input type="checkbox"/> Smile Group | <input type="checkbox"/> Newsletter Assembly Team & Coordinator |
| <input type="checkbox"/> Club or Class Leader | <input type="checkbox"/> Greeter/Receptionist |
| <input type="checkbox"/> Top Cleaner (general housekeeping) | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Outdoor Gardener | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Indoor Gardener | <input type="checkbox"/> General Housekeeping |

Do you have particular experience, hobbies or interests that you would like to share?
Please list below

Field in which you retired from _____

Please list types of medical conditions you may have or medications you are taking:

Allergies: Drug _____ Food _____ Other _____

Are you a Veteran? Yes No

For Office Use Only

Date _____ Payment Processed by _____ Key tag # _____

Amount Paid \$ _____ ___ Cash ___ Check _____ Check # ___ Credit Card _____ Donation

Meridian Senior Center
4000 Okemos rd.
Okemos, MI 48864