



membership registration

Use this form or register online at thecentercville.org, then visit the Welcome Desk to pick up your membership materials.

Annual Membership

- ☐ Individual \$264 (\$22/mo.) ☐ Household \$475 (\$40/mo.)
- ☐ Individual with Plus package \$720 (\$60/mo.) ☐ Household with Plus package \$1,296 (\$108/mo.)
- ☐ Mixed Household: 1 member and 1 member with Plus package \$886 (\$74/mo.)

☐ **I would like to pay my annual membership in monthly installments.** *Credit/debit card required; payment form will be provided. If membership dues increase during the 12-month period of your membership, that increase will be applied to your payments beginning with the month in which the change goes into effect.*

- ☐ 30-day **Trial Membership** \$60 ☐ Certificate for FREE Trial Membership

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other_____

Name_____

First MI Last Nickname (if preferred)

Address_____

City_____ State_____ Zip_____

Email_____ Birth Date (mm/dd/yyyy)_____

Cell Phone_____ Home Phone _____

Signature_____ Date _____

Emergency Contact Name

If you joined as a household, please provide a third-party contact (someone outside the household).

Relationship to you _____ Phone _____

If you are joining as a household, please include household member's information below.

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Other_____

Name_____

First MI Last Nickname (if preferred)

Email_____ Birth Date (mm/dd/yyyy)_____

Cell Phone_____ Home Phone _____

If you were referred by a Center member, please let us know their name. _____

over →

Amt Paid \$_____ ☐ Check ☐ CC Vol/Staff Initials _____ Date _____ ☐ MSC ☐ Card ☐ Photo ☐ DP Scan card # _____

540 Belvedere Boulevard • Charlottesville, VA 22901 • 434.974.7756 • thecentercville.org

Release and Waiver of All Claims

FOR AND IN CONSIDERATION OF my participation in Senior Center, Inc., programs and activities, I forever release and covenant to hold harmless Senior Center, Inc. and its officials, officers, employees, independent contractors, representatives, and agents from any and all claims or causes of action for injuries, costs, or damages which I may hereafter have as a result of my participation in any activity affiliated with Senior Center, Inc., without respect to location. I understand that there are risks associated with my participation in Senior Center, Inc., activities and the use of its equipment and other items and hereby acknowledge and assume the associated risks. I expressly agree that this Release and Waiver is as broad and inclusive as permitted by laws of the Commonwealth of Virginia and that if any portion is invalid, I agree that the balance shall continue in full force and legal effect.

Further, THE UNDERSIGNED grants consent and authorizes the use of photographs and/or video recordings while in, about, or upon the premises of The Center at Belvedere or engaging in Center activities on- or off-site.

Signature

Date

Signature *(Household Member if applicable)*

Date

☐ I acknowledge that I have received and read a copy of The Center's Code of Conduct policy.

Household Member if applicable

☐ I acknowledge that I have received and read a copy of The Center's Code of Conduct policy.

Demographic Data

Please help us accurately document our demographic data, which is important for grant reporting and helps us understand how we are serving our communities.

(If this is a Household Membership, please provide information for both members.)

Residence: ☐ Charlottesville City ☐ Albemarle ☐ Fluvanna ☐ Greene ☐ Louisa ☐ Nelson
☐ Other _____

Ethnicity: ☐ Hispanic, Latino, or Spanish ☐ NOT Hispanic, Latino, or Spanish
☐ Self-describe _____

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black/African American ☐ Multi-Racial
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Self-describe _____

Gender Identity: ☐ Woman ☐ Man ☐ Non-binary ☐ Self-describe _____

Transportation to/from The Center: ☐ Bike ☐ Caretaker/Family member ☐ Drive myself
☐ JAUNT ☐ Public bus ☐ MicroCAT ☐ Walk ☐ Other ***(please specify)*** _____