

MEMBERSHIP REGISTRATION FORM

We are less than a year out from moving to our beautiful new home—The Center at Belvedere!

That means your annual membership will span the two locations. To keep the transition as simple as possible from a nuisance perspective for you and an administrative perspective for The Center, we are pro-rating costs based on how many months of membership will be spent here at Hillsdale and how many will be at Belvedere. (A table of pro-rated fees based on the month in which you join is on the following page.)



The membership structure for Belvedere offers two options—Standard and Prime.

Standard membership provides access to about 80% of our programs, with fee-based programs and services available à la carte. Once The Center at Belvedere opens, you can add access to the equipped fitness room for \$15 a month.

Prime membership is an all-inclusive choice that provides access to all programs, including those with fees, as well as the equipped fitness room; exceptions are travel, designated special events/programs, and services (such as seated massage). Prime members also receive a certificate for a trial month of membership to share with a friend or family member, a 20% discount on facility rental, and a \$20 gift card for the Greenberry's Coffee Co. at The Center at Belvedere.

To thank you for making the journey to our new home, if you join between July 1, 2019, and January 31, 2020, you will receive an extra month of membership and, once the doors open at Belvedere, a \$15 Greenberry's gift card and a \$20 travel credit.

More to know

- If you opt for Standard when you join but later decide you'd prefer Prime, no worries—members can switch at any time from Standard to Prime and vice versa.
- You can pay for membership on a monthly basis or all at once.
- If membership dues or program costs present a barrier to participation, we have a no-questions-asked scholarship available to help. Please see Judy Gardner or contact her at judy@thecentercville.org or 434.974.7756.



New Member Emergency Contact Information

If you joined as a household, please provide a 3rd party contact.

Emergency Contact Name _____

Relationship to you _____ Email Address _____

Mailing Address _____ City/State/Zip _____

Phone _____ Cell Phone _____

Release and Waiver of All Claims

PLEASE READ BELOW BEFORE SIGNING

FOR AND IN CONSIDERATION OF my participation in the Senior Center, Inc. programs and activities, I forever release and covenant to hold harmless the 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 Senior Center, Inc. program or activity. 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.

PLEASE READ ABOVE BEFORE SIGNING

Signature for Release and Waiver

Date

Code of Conduct To ensure the safety and enjoyment of all, The Center has a Code of Conduct by which all members must abide. A copy of the code is included with your new member materials.

Information Release *We release contact info to Center members only, not to the general public.*

Yes, I hereby authorize my name, address, phone number and/or email address to be made available to those **Center members** who request to contact me.

No, I do not authorize a release of my contact information to **Center members**.

Picture Waiver

Yes, Senior Center, Inc. has permission to use my photograph, video and audio recordings, likeness, artwork, profile and/or story in any publications, web pages, and other promotional materials produced, used by, and representing Senior Center, Inc., including, but not limited to: newsletter; annual reports; brochures; email; DVD, and website. I understand the circulation of materials could be worldwide and that there will be no compensation to me for this use.

No, I do not authorize a Picture Waiver

Over



Demographic Data

Please help us accurately document our demographic data—information obtained is used for statistical purposes only.

Have you ever been a member of The Center? Yes No If so, what year(s)? _____

How did you hear about The Center? (check as many as apply)

Website Search Healthcare Provider OLLI Area Business Media

Participated in program or special event Other: _____

From a Center member (name of referring member): _____

Referring members receive one month free membership!

Residence: C'ville Albemarle Fluvanna Greene Louisa Nelson Other _____

I choose not to disclose

Ethnicity: Hispanic/Latino/Spanish NOT Hispanic/Latino/Spanish

I choose not to disclose

Race: African-American/Black Asian Multi-Racial White Other (please specify) _____

I choose not to disclose

Gender Identity: Male Female _____

I choose not to disclose

Marital Status: Single Married Domestic Partnership Widowed

I choose not to disclose

Household Information: I live Alone With a spouse or domestic partner With a roommate

I choose not to disclose

Transportation to/from The Center: Drive myself Ride with a friend

Caretaker/Family member JAUNT Public bus Walk Bike Other

I choose not to disclose

Year you moved to C'ville area & Why (if applicable): Year ____ Reason _____ NA

I choose not to disclose

Employment: Full-time Part-time Seeking Employment Retired

I choose not to disclose