

## MEMBERSHIP REGISTRATION FORM



### 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.

### 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 KevReyl Wells or contact her at [kevreyl@thecentercville.org](mailto:kevreyl@thecentercville.org) or 434.974.9732.



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

## Membership Registration Form

Please print legibly and bring this form to The Center Welcome Desk.

The Center welcomes everyone regardless of race, color, religion, gender, sexual orientation, gender identity, national origin, age, physical or mental disability, marital status, or any other basis prohibited by law.

Mr.     Mrs.     Ms.     Miss     Dr.     Other \_\_\_\_\_

Name \_\_\_\_\_  
First                      Nickname (if preferred)                      MI                      Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Birth Date (month/day/year) \_\_\_\_\_  I prefer not to share my birth date

Membership Type & Dues (please check one)

You have a choice of Standard membership or all-inclusive Prime\*

Standard:  Individual \$180     Household \$324

Prime:  Individual \$480     Household \$855

Membership dues may be paid monthly, credit card payments only.

Check here if you would like your total cost divided into 12 equal monthly payments

*Questions about scholarships? Please speak with KevReyl Wells, Membership Coordinator;  
or email [kevreyl@thecenterville.org](mailto:kevreyl@thecenterville.org); or call 434.974.9732.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* Exceptions are travel, designated special events/programs, and services (such as massage)



# 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