



491 Hillsdale Drive • Charlottesville, VA 22901
(434) 974-7756 • thecenterville.org

Membership Registration Form

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

Senior Center, Inc. welcomes everyone regardless of race, color, religion, gender, sexual orientation, gender identity, national origin, age, physical or mental disability, 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 birthdate

Membership Type & Dues (please check one)

1 year: Individual \$135 Household \$249 (*household = 2 adults at the same address*)

6 Months: Individual \$78 Household \$147

Annual memberships may be paid monthly, credit card payments only. Please check here if you prefer to pay your membership monthly.

Monthly: Individual \$11.25 Household \$20.75

If joining as a household, your household member's name _____

Questions about scholarships? Please speak with Judy Gardner, Member & Guest Relations Coordinator; or email judy@thecenterville.org; or call (434) 974-7756.

Signature _____ **Date** _____

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 of the code is available from the Member and Guest Relations Coordinator and is posted on the membership bulletin board.

Information Release We release contact info to Center members only, not to 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

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 chose not to disclose

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

I chose not to disclose

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

I chose not to disclose

Gender Identity: Male Female _____

I chose not to disclose

Marital Status: Single (never married) Married Domestic Partnership Widowed Divorced

I chose not to disclose

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

I chose not to disclose

Transportation to/from TheCenter: Drive myself Ride with a friend Caretaker/Family member

JAUNT Public bus Walk Bike Other

I chose not to disclose

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

I chose not to disclose

Employment: Full-time Part-time Seeking Employment Retired

I chose not to disclose

DATA ENTRY USE

Donor Perfect

Member ID# _____

MSC File # _____

Vol/Staff Initials _____

FRONT DESK VOLUNTEER USE

MSC Keytag ID# X _____

Amt Paid \$ _____ Check # _____ CC

Received By: _____ Date _____



Program Interest Questionnaire

Please let us know your interests! You can find a list of our more than 100 programs on the Dimensions of Wellness program handout included in the new member packet, or you can find a list of programs along with a description of each one at www.thecentercville.org. If you fill out this interest form, we will have someone contact you with more information about your programs of interest.

Name: _____

Email: _____

Phone: _____

Programs of Interest:

1. _____

2. _____

3. _____

4. _____

5. _____

**Please return form to the Welcome Desk or to Judy Gardner,
Member & Guest Relations Coordinator.**