



491 Hillsdale Drive • Charlottesville, VA 22901
434.974.7756 • thecentercville.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)

Effective April 1, 2019

1 year: ☐ Individual \$140 ☐ Household \$258 (*household = 2 adults at the same address*)

6 months: ☐ Individual \$81 ☐ Household \$152

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

Monthly: ☐ Individual \$11.67 ☐ Household \$21.50

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@thecentercville.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 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 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

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

☐ I choose not to disclose

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

☐ I choose not to disclose

Transportation to/from TheCenter: ☐ 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

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.**