



## 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, 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

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*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

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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](mailto: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 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                           |
|--|
| <b>Donor Perfect</b><br>Member ID# _____ |
| <b>MSC File #</b> _____                  |
| <b>Vol/Staff Initials</b> _____          |

| FRONT DESK VOLUNTEER USE  |
|---|
| <b>MSC Keytag ID#</b> X _____   |
| <b>Amt Paid \$</b> _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> CC |
| <b>Received By:</b> _____ <b>Date</b> _____   |



## 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](http://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.**