

**CORDOVA SENIOR COMMUNITY CENTER, INC.
160 MIXON MILL ROAD
APPLICATION FOR MEMBERSHIP**

(Please print all information clearly.)

<u>First Name</u>	<u>Middle Initial</u>	<u>Last Name</u>	
<u>Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<u>Date of Birth</u>	<u>If you have a physical disability, please explain.</u> (Confirmation from doctor required.)		
<u>Email address (optional)</u>			
<u>Home Phone Number</u> (include Area Codes)	<u>Cell Number</u>	<u>Work Number</u>	

<u>Emergency Contacts</u> (Please list two people we can contact in case of emergency) (include area codes)			
<u>Name</u>	<u>Relationship</u>	<u>Home Phone #</u>	<u>Cell Phone #</u>
<u>Name</u>	<u>Relationship</u>	<u>Home Phone #</u>	<u>Cell Phone #</u>
If contacts are not available or a situation occurs, please check to give permission to call 911. (<input type="checkbox"/>)Yes			

Please sign below that you understand that the membership fee is as follows and must be paid accordingly:
Single Person: \$5.00 set up fee plus \$5.00 monthly (\$10.00 for the first month) (\$5.00 monthly thereafter)
You and your spouse: \$5.00 set up fee for both plus \$5.00 each monthly (\$15.00 for the first month) (\$5.00 each monthly thereafter = \$10.00).
 (Membership fee is subject to change if necessary)

I understand I must present a statement from my doctor indicating I am physically able to use all exercise equipment at the Cordova Senior Community Center, Inc. I understand I cannot use this equipment until I obtain this statement from my doctor and present it to the Cordova Senior Community Center, Inc.

Signature

Date

