

SOUTH BRUNSWICK SENIOR CENTER
MEMBERSHIP APPLICATION

Date _____
First Name _____ Last Name _____ Home Phone _____
Address _____ Work Phone _____
City, State, Zip _____ Cell Phone _____
Sex: Male _____ Female _____ Birth date (mm/dd/yyyy) ____/____/____
Race: _____ Birth Place _____

Primary Language _____
Other Language's Spoken _____

Income: 0- 15,000 _____ 31,001 - 40,000 _____
 15,001- 21,000 _____ 40,001 & Over _____
 21,001- 31,000 _____

Marital Status: M __ S __ D __ W __ Previous Occupation _____

Doctors Name _____
Doctors Address _____
Doctors Phone # _____ Preferred Hospital _____

The following questions are optional:

Allergies _____

Medications _____

Any Hearing Loss: Yes _____ No _____ Any Vision Loss: Yes _____ No _____

Any Psychiatric History/Diagnosis? _____

Medical Conditions/Problems _____

Emergency Contact Information: (Required)

1. Name _____	2. Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Relationship _____	Relationship _____

Yes No

Do you live alone? _____

Do you drive? _____

Are you a caregiver...? _____

For older adult _____

For grandchild _____

Do you need caregiver Information? _____

Are you a Veteran? _____

Have you lost a Spouse in last year? _____

Interested in volunteering _____

Need estate planning? _____

Need health benefit info? _____

Do you wear Glasses? _____

Do you wear Contacts? _____

Do you wear Dentures? _____

Do you wear a Hearing Aid? _____

Do you use a Walker? _____

Do you use a Wheel Chair? _____

Do you use a Cane? _____

Hobbies / Interests _____

How did you hear about us? _____

EMAIL Address (to receive additional info) _____

Be aware names and addresses are subject to disclosure under the Open Public Records Act (OPRA)

Please read and sign:

I wish to become a member of South Brunswick Senior Center and participate in the activities of my choice. Due to the strenuous nature of fitness, dance, and other activities, it is recommended that you check with your physician regarding your ability to safely participate, prior to registering for any fitness, dance, or athletic program. Users of South Brunswick Recreational facilities and participants in the activities should recognize that A: Conditions in and around the recreational facilities and B: The nature of certain activities all present certain reasonable and foreseeable risk of injury. USERS/PARTICIPANTS assume all reasonable risks which may exist by virtue of participation in these activities. User/Participant agrees not to hold the Township of South Brunswick, its employees, or volunteers liable in case of accident or injury while participating. I certify that I have read and understand the above insurance statement and waiver of liability.

Signature of Participant _____ Date _____

OFFICE USE ONLY

Age verified _____ Type _____

Address Verified _____ Type _____

Visitor: Yes _____ No _____

Citizen: Yes _____ No _____

Scan Card Issued _____

Staff Signature _____