

2024 Membership Registration Form

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Please print neatly.
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Member Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Preferred Name: _____ Gender: Female Male Date of Birth: ____/____/____

Phone: (____) _____ Home Phone Cell Phone Email: _____

The McMinn Senior Activity Center may contact me with updates and information about the MSAC Yes No

Home Address: _____ County: _____

City: _____ State: _____ Zip: _____
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Changes only:

Date: ____/____/____

First Name: _____ Middle Initial: _____ Last Name: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Home Phone Cell Phone Email: _____
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EMERGENCY CONTACT (This portion must be completed.)

First Name: _____ Last Name: _____

Phone: (____) _____ Relationship: _____

Medical/Physical conditions/allergies the staff should be aware of in case of a medical emergency (The MSAC will not share this information with anyone unless it is a medical emergency).

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I would like to volunteer at the McMinn Senior Activity Center Yes No

How did you hear about the McMinn Senior Activity Center? Newspaper Website Facebook Flyer
 Radio Morning Fax Friend or family MSAC Member Other _____

MEDIA RELEASE (optional)

In initialing and signing below, I agree to be photographed, videotaped, and/or recorded while participating at the McMinn Senior Activity Center for promotional and marketing activities.

_____(Initial: **Media Release**)

2024 Membership Registration Form

Membership

Paid membership is not required in order to participate in any of the activities at the McMinn Senior Activity Center for those 60 and up. However, your contribution helps the MSAC to continue the Center's almost 50 year legacy of helping McMinn County seniors to age successfully!

January-December

Membership may be paid by cash, credit card, or by check. Checks should be made to McMinn Senior Activity Center.

Individual \$35 Couple \$65 *To be eligible for couple pricing, the couple must reside at the same residence.*

Member Benefits Include:

- Recognition on the MSAC website and in the quarterly newsletter
- Early Bird advance notice/registration for events and programs (either via text or phone message)
- 10% discount on the first Friday of the month in the Sales Room
- Discount on hourly room rental rate of the Inman Activity Room
- After-hours access (after 2pm-4:30pm) to the computer lab, exercise room, library and card room, snooker and billiards tables, horseshoe pits, and shuffleboard
- Free coffee on your birthday
- Membership Benefit Idea: _____

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Friends of the Center

I would like to make an Annual Contribution as a Friend of the Center to help seniors in McMinn County. (Tax deductible)

\$1-\$24 \$25-\$99 \$100-\$499 \$500-\$999 \$1,000+ _____

I would like to sponsor a Membership for an at-risk senior. I would like my contribution to be anonymous.

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Disclaimer and Waiver of Liability

The McMinn Senior Activity Center (MSAC) does not provide respite adult day care or services that would normally be provided by a trained attendant, nurse or professional caregiver. I, the undersigned, understand that participation in the McMinn Senior Activity Center's on-site or off-site activities, programs, or services could result in severe injuries or death and I assume all such risk. I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for losses and damages I may have against the MSAC and its representatives, successors and assigns for any and all injuries suffered by me as a result of my use of these facilities. I also agree to hold harmless the MSAC from and against all liability as a result of damage to my property while engaged in MSAC activities, programs, and services on-site and off-site.

Printed Name: _____ Date ____/____/____

Signature: _____

For office use only:					
Membership renewal:	Date _____	\$ _____	Date _____	\$ _____	
Date _____	\$ _____	Date _____	\$ _____	Date _____	\$ _____