



McMinn Senior Activity Center

205 McMinn Avenue-Athens, TN 37303

(423) 745-6830

www.mcminnseniors.com



MEMBERSHIP APPLICATION

Personal Information (This information is not shared with anyone.)

Last Name		First Name		MI
Nickname		Address		
City		State	Zip	
Home Phone		Cell Phone		
Email				

Demographics

Birthdate (mm/dd/yy) ____/____/____	Gender ____ Male ____ Female	Ethnic Group (Optional, used for grant purposes) ____ Asian ____ African-American ____ Hispanic ____ Caucasian _____ Other
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Getting Involved

I am interested in volunteering for: ____ Bake Sale ____ Front Office ____ Craft Room
 ____ Senior Olympics ____ Fundraising Events ____ Meals on Wheels ____ Front Desk Greeter
 _____ Other

Sometimes we are looking for individuals with particular backgrounds. Please tell us your experience:

Occupation-

Hobbies & other interests-

Please indicate your interests with the Senior Center

____ Billiards ____ Fitness Room Games ____ Art Classes ____ Senior Services ____ Lunch Program
 ____ Shuffleboard ____ Horseshoes ____ Senior Olympics ____ Exercise Classes ____ Special Events
 ____ Trips/Travel ____ Dances ____ Music ____ Enrichment Classes ____ Bowling ____ Card Games

Membership Level Membership is from January 1-December 31

Regular Membership _____ Single (\$30) _____ Double (\$55)

In addition to my Membership, I would like to support the Senior Center with a tax deductible contribution \$_____ (The Senior Center can supply you with a receipt at the Front Office)

Who referred you to the McMinn Senior Activity Center?

Please fill out the back as well.

Emergency Information**(This information is not shared with anyone and is used only in case of an emergency.)****1. Emergency Contact Person****Phone****Relationship****2. Emergency Contact Person****Phone****Relationship****Name of Doctor****Phone****Do you have any medical conditions and special needs we should be aware of including any mental or physical conditions?****Do you carry medication with you? ____ YES ____ NO****Please list any medications you carry with you.****Allergies**

Drug-

Food-

Please Initial

____ I understand that I am participating at my own risk. I agree to hold harmless the McMinn Senior Activity Center, Inc. or authorized agents for any injury that I may suffer by participation in any of the programs offered through the Senior Center. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on my heirs and assigns.

____ I authorize the McMinn Senior Activity Center to use any photographs/videos taken of me to be used on the website and in publicity materials

By my signature below, I acknowledge that I have read this document and understand its contents.

Signature _____ Date _____

For Center Staff Use Only

Renew Date	Member Initial	Paymt Amt	Paymt Type	mySenior #	F/O	D/E