



HARVEST YEARS SENIOR CENTER, INC.

30 SOUTH STREET, CAMDEN, DE 19934
E-MAIL ADDRESS: hysc@comcast.net
PHONE: (302) 698-4285 – FAX: (302) 698-4286

ANNUAL DUES - \$20.00

NAME _____ DATE OF BIRTH _____

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE# _____ CELL# _____

E-MAIL ADDRESS: _____ (OPTIONAL)

MARITAL STATUS: Married _____ Widowed _____ Single _____

EMERGENCY INFORMATION:

Name: _____ Phone: _____ Relationship: _____

Doctor's Name: _____ Phone: _____

LIST ANY PHYSICAL/MENTAL PROBLEMS THAT THE CENTER NEEDS TO KNOW ABOUT:

DO YOU WANT YOUR NEWSLETTER (Circle One): Mailed _____ Pick-up _____

If mailed would you please donate extra towards the cost of postage? YES NO

WAIVER: I HEREBY RELEASE THE HARVEST YEARS SENIOR CENTER, INC. FROM ANY LIABILITY, OTHER THAN NEGLIGENCE, RESULTING FROM MY PARTICIPATING IN CENTER ACTIVITIES.

(Circle one) Ethnic Group: African American, Hispanic, Asian, Non-Minority (White, not of Hispanic Origin)

SIGNATURE: _____ DATE: _____

BELOW FOR OFFICE USE ONLY

Staff member - Initial all entries

Amount Paid _____ Date Paid _____ Card Issued _____ Outlook _____

Dues Screen _____ Index _____

Member # _____ Access _____ Label _____

FORM OF PAYMENT: CASH CREDIT CARD _____ HARVEST YEARS GOLD CARD CHECK _____