

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 - $15.00

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 NEGLIENCE, RESULTING FROM MY PARTICIPATING IN CENTER ACTIVITIES.

(Circle one) Ethic 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** _____