**SENIOR CENTER OF SIDNEY-SHELBY COUNTY**

# APPLICATION FOR MEMBERSHIP 2027

For Office Use
Membership #_____
Date Paid: _____
Staff Initials: _____
Newsletter: _____

***All information must be complete before membership will be accepted.***

NAME: _____ SPOUSE: _____

ADDRESS:_____CITY:_____

COUNTY: _____STATE: _____ ZIP: _____

BIRTHDATE: ___/____/_____ PHONE: _(____)_____

PICK ONE: Caucasian/White _____ African American _____ Hispanic _____ Other _____

EMAIL ADDRESS_____

VETERAN? (CIRCLE ONE) Army, Navy, Air Force, Marines, Coast Guard

RETIRED? _____FROM (COMPANY) _____

If not retired, where are you employed? _____

ARE YOU WILLING TO HELP ON A COMMITTEE? ☐ Yes ☐ No

Best Time to call if interested in a committee? _____

HOW DID YOU HEAR ABOUT THE SENIOR CENTER? (Circle one or fill in other)

Friend/Family Newspaper ad/article Facebook Website Past Member

Other: _____

IN CASE OF EMERGENCY CONTACT PERSON (**OTHER THAN SPOUSE**): **We must have at least one please.**

1st NAME: _____ Relationship: _____

DAY PHONE: _____ Evening Phone: _____

CELL PHONE: _____ TEXT AVAILABLE? YES NO_____

2nd NAME: _____ Relationship: _____

DAY PHONE: _____ Evening Phone: _____

CELL PHONE: _____ TEXT AVAILABLE? YES NO_____

**Receipt#**_____

**Continue To Back Side**

I will sign in for each activity in which I participate. I understand that my use of the Senior Center of Sidney/Shelby County's ("Senior Center") equipment, walking track and other devices, as well as my participation in Senior Center sponsored activities may be dangerous and can result in bodily injury, death and damage to property. I understand that it is my responsibility to receive clearance from my physician prior to participating in any exercise program. I understand that I am responsible for monitoring my own condition during exercise and should any unusual symptoms occur, I will cease participation and seek medical attention. While being mindful of the potential danger, in consideration of the opportunities afforded to me as a result of my Senior Center membership, I agree to accept full responsibility for, and risk of, bodily injury, death or property damage as may occur as the result of my participation in any Senior Center activity and/or my use of any Senior Center equipment, walking track, or any other devices. In further consideration of being permitted to participate in Senior Center activities, I, for myself, my heirs, successors, representatives, and assigns do fully and forever release, indemnify and hold harmless the Senior Center of Sidney/Shelby County, the City of Sidney, and each of these entity's officials, employees, agents, representatives, contractors and all others working in concert with or under the direction of them, from all claims, damages, demands, actions or rights of action of any kind, nature, or amount rising out of my participation in any of the activities sponsored by the Senior Center, or by virtue of my use of any of the Senior Center's equipment, walking track or any other devices.
Bylaws and mission statement are available upon request.

_____ _____

SIGNATURE of MEMBER DATE

**DUES: $45.00 PER CALENDAR YEAR ($45)FOR OUT OF COUNTY**
***MEMBERSHIP:*** **Expires on December 31, 2027**

Submit Application to: Senior Center of Sidney-Shelby County
304 S. West Avenue
Sidney, OH 45365
srcenter@nktelco.net