



CONFIDENTIAL

**GOLETA SENIOR CENTER
MEMBERSHIP REGISTRATION FORM**

Office Use Only

Date Rcvd _____
Regular _____ Gold _____
Renewal date _____

If you are a new member, or your membership has been expired for 30 days or more, please complete all fields.
If you are a current member or your membership has been expired for less than 30 days,
please complete only the fields in red, unless your information has changed.

Please Print

Personal Information (Renewals – please complete fields in red, unless you have changes)			
Last Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other		First Name	MI
Nickname		Address	
Email	City	State	Zip
Home Phone	Cell Phone	Work Phone	
I give my permission for the release of my contact information if requested by other members: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Demographics (Renewals – please complete fields in red, unless you have changes)			
Birthdate (mm/dd/yyyy): ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic Group (<i>optional</i>): <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Other	
Present or former occupation:		Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Information (Please complete all fields)			
Emergency Contact Name		Relationship	
Home Phone	Cell phone	Work Phone	
Doctor's Name			
Membership Information (Renewals – please complete fields in red)			
How did you hear about the Senior Center? <input type="checkbox"/> Area Business <input type="checkbox"/> Non-Profit <input type="checkbox"/> Church <input type="checkbox"/> Publication <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Website <input type="checkbox"/> Member _____ <input type="checkbox"/> Other _____			
Would you be interested in volunteering at the Senior Center? <input type="checkbox"/> Already a Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Membership <input type="checkbox"/> Regular Membership \$10 <input type="checkbox"/> New <input type="checkbox"/> Renewal 12 Month Membership ____ I have read, understand and agree to be bound by the Hold Harmless agreement of the Goleta Valley Community and Senior Center Init			
Applicant Signature		Date	

The membership fee is non refundable. Payable to Goleta Valley Senior Center
Cash or Check
Return To : Goleta Valley Senior Center
5679 Hollister Avenue Goleta, CA 93117 (805) 683-1124



5679 Hollister Avenue, Goleta, CA 93117
(805) 683-1124 www.thegvcc.org

HOLD HARMLESS AGREEMENT

The undersigned hereby agrees to protect, defend, indemnify, hold harmless and render whole the Goleta Valley Community Center and the Goleta Valley Senior Center, its officers, directors, employees, agents, volunteers and others involved, from and against any and all loss, liability, claim for injury, charges and expenses (except attorney's fees) and causes of action of whatsoever character which may arise by reason of participation in this program or in any way connected therewith.

Print Name

Print Address

Signature

Date