Marion Senior Center Membership Application

Key Card #_____

Name_____ Date of Birth____/____/_____
First *Last*

Spouse's Name_____ Date of Birth____/____/_____
if joining *First* *Last*

Address_____ Spouse's Key Card # _____

City/State_____ Zip_____ Phone (_____)_____

If spouse is joining: Wedding Anniversary ____/____/_____ Spouse's Phone (_____)_____

1st Emergency Contact

Contact Name_____

Relationship_____

Home Phone_____

Cell Phone_____

Work Phone _____

I voluntarily participate in all programs, activities and trips of the Marion Senior Center. I will not hold the Marion Senior Center, the City of Marion, or any person connected with the operation of its facilities, programs, activities and trips liable in case of an accident or loss of property. In the event of an emergency, the Marion Senior Center staff has authorization to seek medical/ hospital treatment for me.

Signature_____

Signature_____

2nd Emergency Contact

Contact Name_____

Relationship_____

Home Phone_____

Cell Phone_____

Work Phone _____

The Marion Senior Center Policy and Procedure manual is available on the City of Marion website at: www.marionseniorcenter.com Printed copies are also available at the greeter desk located in the front lobby of the Marion Senior Center.

I agree to become familiar with the Policies and Procedures and abide by them.

Signature_____

Signature_____

For Office Use Only

Application Date_____ My Senior Center_____

Taken By_____ Photo _____

Amount Paid $_____ Excel_____

Year Paid For_____ Mixer Label_____