



# 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 \_\_\_\_\_

**Marion Senior Center Member Guidelines** are available on the City of Marion website at: [www.marionseniorcenter.com](http://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 Marion Senior Center Member Guidelines 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 \_\_\_\_\_