

MEMBERSHIP APPLICATION

Olivedale Senior Center of Fairfield County, Inc.

Seniors age 55 and older are eligible. Spouses younger than 55 are eligible with the primary member. Dues are \$24.00 per year. New members' dues will be pro-rated to the following renewal dates based upon surnames, so your initial dues might be more than \$24.00 to get you on schedule to the next year.

RENEWAL DATES: **A - D** = (APRIL 1) **L - R** = (OCTOBER 1) "X" if no fees paid and a SilverSneakers member ONLY!

E - K = (JULY 1) **S - Z** = (JANUARY 1)

Today's Date _____	Sex M or F (Circle one)
Full Name: _____ <small style="display: flex; justify-content: space-around; width: 100%;">First MI Last</small>	Residency (check ONLY 1) <input type="checkbox"/> Lancaster <input type="checkbox"/> Outside of Lancaster, but in Fairfield County <input type="checkbox"/> Out-of-County, but in OHIO <input type="checkbox"/> Out of State
Mailing Address : _____ Street Address	
_____ Second Address (i.e. Apt., Suite, etc.)	
_____ City State Zip Code	
Date of Birth / / <small style="display: flex; justify-content: center; gap: 10px;">M / D / YR</small>	How do you wish to receive the Newsletter? (NL is only for those paying membership fees) <input type="checkbox"/> Mail <input type="checkbox"/> Read On-Line (No Mail) <input type="checkbox"/> Pick up at Olivedale
Phone: () - () - <small style="display: flex; justify-content: space-around; width: 100%;">Home Phone (Cell Phone - If Applicable)</small> () - _____ <small style="display: flex; justify-content: space-around; width: 100%;">(Work - If Applicable) Email Address</small>	
Are you retired? YES or NO What is/was your job? _____	

MEDICAL EMERGENCY CONTACT:		
Name: _____		
Relationship: _____		
Hm. () - _____ Wk () - _____ Cell () - _____		

WOULD YOU LIKE TO ENROLL YOUR SPOUSE AS A MEMBER?			
Spouse Full Name: _____ <small style="display: flex; justify-content: space-around; width: 100%;">First MI Last</small>			Sex M or F (Circle one)
Is your spouse retired? YES or NO What is/was your spouse's job? _____	Date of Birth / / <small style="display: flex; justify-content: center; gap: 10px;">M / D / YR</small>		

FOR OFFICE USE ONLY						
MEMBER ID#	SPOUSE ID#	DATE	SILVERSNEAKERS® MEMBER ONLY	EXP DATE	FEE (\$)	ENTERED BY

Membership Cards required only for those who pay the annual membership fee. Do not issue a memberships card to SS members only. 10/18/2018