

Waxahachie Senior Activity Center
Membership Form

City _____
Non City _____

First Name: _____

Middle Initial: _____

Last Name: _____

Gender: Male _____ Female _____ Date of Birth: _____

Home Phone Number: _____ Cell: _____

Residential Street Address: _____

City/Town: _____, Texas Zip Code: _____

Email Address: _____

Mailing Address or Post Office Box if different than Residential Address

Street or P.O. Box Address: _____

City: _____ County: _____ Zip Code: _____

If you are a Waxahachie Business owner and reside in the county, you are eligible for in-city membership dues. Proof of ownership is required to qualify.

Business Name: _____

Business Address: _____

Tax Payer ID # or Resale # _____

FOR OFFICE USE ONLY

My Senior Center Card ID No.: X _____

Race:

American Indian/Native Alaskan Native Hawaiian/Other Pacific Islander
 Black/African American White
 Asian Hispanic
 Other (Specify) _____

Do you live alone? Yes No

Are you Head of the Household? Yes No

Is the income in your household below poverty level? Yes No
(Refer US Government Guidelines: staff will assist you)

Name of Emergency Contact: _____

Relationship of Contact: _____

Phone Number of Emergency Contact: _____

*****PLEASE LIST ANY MEDICAL CONDITIONS OR SEVERE ALLERGIES THE SENIOR CENTER STAFF AND/OR EMT NEEDS TO BE AWARE OF:_____**

Authorization

I declare that I am 50 years of age or older and my date of birth listed above is correct to the best of my knowledge. I understand that the center has a grievance procedure posted that will tell me how to lodge a complaint in the event that I feel I am being discriminated against due to race, creed, sex, age, or national origin.

I understand that the information on this form may be used in statistical reports and hereby give my permission to use the information collected about me if it does not identify me personally by name.

Further, I grant my permission for the Waxahachie Senior Activity Center (WSAC) to use my name and reproduce my photograph and visual image for marketing material, including, but not limited to, paper reproductions and computer images displayed on the WSAC website or other internet websites on behalf of WSAC. I will not now, or any time in the future, receive any compensation or have any claim against WSAC for the use of my name or reproduction of my picture or visual image in its marketing material.

YES [] NO []

(2017-18) Name: _____ Date: _____

(2018-19) Name: _____ Date: _____