



**817 SW Church St.
Dallas, OR 97338
Member Application Form
Member Fee \$120.00 (Yearly)
Please Print Legibly**

Date: _____ Date of Birth: _____
First Name: _____ M.I.: _____
Last Name: _____ I Prefer to be Called: _____
Address: _____ EMail: _____
City: _____ State: _____ Zip Code: _____
Paid Through Calendar Year: _____ New: _____ Renewal: _____
Newsletter: USPS: _____ Email: _____ P.O. Box (If Required): _____
Do You Live Alone: Yes: _____ No: _____ Are You a Veteran: Yes: _____ No: _____
Home Phone: _____ Cell Phone: _____
Please List Any Allergies: _____

EMERGENCY CONTACT INFORMATION (Provide up to TWO contacts)

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Activities, Skills, and Special Interest

Computer Skills: Beginner: _____ Intermediate: _____ Advanced: _____ Expert: _____
Exercise: _____ Jig Saw Puzzle: _____ Art Workshop: _____ Lunch Bunch: _____ Karaoke: _____ Dancing: _____
Bingo: _____ Mahjongg: _____ Bunko: _____ Bridge: _____ Pinochle: _____ 5 Crowns: _____ Cribbage: _____
Wii Video Games: _____ 10 Minute Writing: _____ Meals on Wheels: _____
Special Interest: _____
New Member (How did you hear about us): _____

Signature: _____

To be a member of the Dallas Area Seniors (DAS) Center with all the rights and privileges associated with that membership, it is required that the person's age be 60 years or greater.