



NEW Member Application

“Our mission is to enrich the quality of life and support independence and vitality for our members. This is done by meeting the social, recreational, and educational needs of our members in an environment which is fun, safe, inclusive, and courteous for all.”

Thank you for considering membership here at Siouxland Center for Active Generations. Please complete the following form and mail, or bring it to the Center during normal business hours. Our location and mailing address is: 313 Cook Street Sioux City, IA 51103

Section 1: MEMBER INFORMATION						
Type of Membership you are applying for (if this is a renewal, please see page two of this application): <input type="checkbox"/> New Regular(\$52.00 Per Year) <input type="checkbox"/> Organization/Business(\$800.00) <input type="checkbox"/> Drop in Pass(one day general admission only \$4.00) <input type="checkbox"/> In addition to my membership, I would like to support the Center’s mission with a donation of: \$ _____ <input type="checkbox"/> In addition to my membership, I would like to join the Dollar a Day Club or a total donation of \$365.00 for the year Charitable Bequests: <input type="checkbox"/> I remembered the Center in my will or trust <input type="checkbox"/> Please have someone contact me about this <div style="text-align: right;">TOTAL DUE: _____</div>						
Last Name:		First Name:		Middle Initial:	Nick Name:	Date of Birth:
Address:		Apt:	City:	County:	State:	Zip:
Home Phone: ()-_____-_____		Cell Phone: ()-_____-_____		Email Address:		
		Can We Text You? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Section 2: EMERGENCY INFORMATION						
Emergency Contact Name:		Emergency Contact Phone:		Doctor’s Name:		
		Relationship:		Doctor’s Phone:		
Hospital Preferred:	Medical problems that might cause an emergency:					
Section 3: MISCELLANEOUS						
How did you learn about Siouxland Center for Active Generations? <input type="checkbox"/> Family/Friend <input type="checkbox"/> Healthcare Provider <input type="checkbox"/> Attended another Event in the Community <input type="checkbox"/> Visited the Center <input type="checkbox"/> Realtor <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Other (Please explain): _____						
How would you like to receive the monthly newsletter: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Pickup at the Center <input type="checkbox"/> Other: _____						

What are three reasons you chose to join the Center (i.e. Friendship, Meals, Activities, Exercise, Other)?

1. _____
2. _____
3. _____

BY SIGNING THIS SHEET, YOU ARE AGREEING TO THE FOLLOWING:

1. I understand that engaging in activities at the Siouxland Center for Active Generations means that I will be engaging in certain hazards and exposures connected with the respective activities I am a part of, whether conducted in the indoors or outdoors. I also understand that such activities involve certain real and unpredictable risks. I am cognizant of the risks and dangers inherent with the activities in which I and/or my family or companions, including and minor children, will be participating, and acknowledge that I/we are fully capable of participating in the activities undertaken. I/We willingly assume the risk of injury as my/our responsibility, including, but not limited to, loss of control, collisions or impacts with other participants whether directly or indirectly, violating the rules of play or the rules of the Siouxland Center for Active Generations, weather related damages, and impacts with any man-made or natural obstacles or surfaces.
 2. I Agree that any bodily injury, death, or loss of personal property and expenses as a result of my negligence or the negligence of my family or companions participating in any of the activities are my/our responsibility.
 3. As lawful consideration for being permitted to participate in the activities undertaken, I RELEASE FROM ANY LEGAL LIABILITY AND AGREE NOT TO SUE, CLAIM AGAINST THE PROPERTY OF, OR PROSECUTE, AND TO INDEMNIFY AND HOLD HARMLESS, THE SIOUXLAND SENIOR CENTER D/B/A THE SIOUXLAND CENTER FOR ACTIVE GENERATIONS, AND ALL THEIR OFFICERS, MEMBERS, ORGANIZATIONS, AGENTS, AND EMPLOYEES, FOR ANY AND ALL INJURY OR DEATH CAUSED BY OR RESULTING FROM MY VOLUNTARY PARTICIPATION IN THE ACTIVITIES MENTIONED IN PARAGRAPH 1, WHETHER OR NOT SUCH INJURY OR DEATH WAS CAUSED BY THE NEGLIGENCE OF THE SIOUXLAND SENIOR CENTER D/B/A THE SIOUXLAND CENTER FOR ACTIVE GENERATIONS OR ANY OTHER CAUSE.
 4. This contract shall be legally binding upon me, my heirs, my estate, assigns, legal guardians, my personal representatives, and any persons I am signing on behalf of.
 5. I have carefully read this agreement and fully understand its contents. I am aware that I am releasing legal rights that I otherwise may have and I enter into this contract in behalf of myself my family and companions of my own free will, and with full comprehension and awareness of the risks involved.
- THIS IS A RELEASE OF LIABILITY. DO NOT SIGN THIS SHEET IF YOU HAVE NOT READ IT COMPLETELY OR DO NOT UNDERSTAND OR DO NOT AGREE WITH ANY OF ITS TERMS.

I HAVE READ AND UNDERSTAND THE WAIVER AND RELEASE

Signed: _____ **Date:** _____

I hereby **GIVE** **DENY** Siouxland Center for Active Generations permission to **maintain a current photograph and/or video of myself for use in promotional and/or identification purposes**. I hereby release Active Generations and its representatives from any liability as a result of such release. **Initial** _____

I hereby **GIVE** **DENY** Siouxland Center for Active Generations permission **to acknowledge my birthday month** in company publications. I hereby release Active Generations and its representatives from any liability as a result of such release. **Initial** _____

I hereby **GIVE** **DENY** Siouxland Center for Active Generations permission **to print my name** in company publications and post my name. I hereby release Active Generations and its representatives from any liability as a result of such release. **Initial** _____

OFFICE USE ONLY

Date Received _____ Paid (check #) _____ Cash _____ Received By _____ Membership expires: _____

Date Received _____ Paid (check #) _____ Cash _____ Received By _____ Membership expires: _____

**Section 4:
FOR FUNDING ONLY...**

DEMOGRAPHICS The following information will be used for funding/grant purposes ONLY. Your identity will ALWAYS remain confidential. Your member information (section 1; section 2; and section 3) will never be disclosed when compiling any demographic data for funding purposes.

HOUSEHOLD INCOME (please check one):

- \$0 - \$24,999 (A) \$25,000 - \$49,999 (B) \$50,000 - \$74,999 (C)
 \$75,000 - \$99,999 (D) Over \$100,000 (E)

RACE (please check):

- American Indian/Alaskan Native Asian Black/African American
 Native Hawaiian or Other Pacific Islander White Unknown

ETHNICITY (please check one):

- Hispanic or Latino
 Not Hispanic or Latino

GENDER (please check one):

- Male Female Prefer not to say
 Prefer to self-describe: _____

I LIVE:

- Alone With My Spouse/Partner With a Friend/Roommate
 With My Children With Other Family Members
 Other: (please explain) _____

I am a:

- New Member Renewing Member