

**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

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| **Section 1: MEMBER INFORMATION** | | | | | | | | | | | |
| **Type of Membership you are applying for** (if this is a renewal, please see page two of this application):    New Regular ($52.00 Per Year)  Organization/Business $(800.00 per year)  In addition to my membership, I would like to support the Center’s mission with a donation of: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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  Please DO NOT ANNOUNCE OR POST MY CONTRIBUTION (if you do not check this box, your donation will be recognized accordingly)    Charitable Bequests:  I remembered the Center in my will or trust Please have someone contact me about this  TOTAL DUE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Last Name:** | | **First Name**: | | | **Middle Initial:** | | | **Nick Name:** | | **Date of Birth:** | |
| **Address:** | | **Apt:** | **City:** | | | **County:** | | | **State:** | | **Zip:** |
| **Home Phone:**  ( )-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ | | **Cell Phone:**    ( )-\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_  Can We Text You?  YES  NO | | | | | **Email Address:** | | | | |
| **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?**  Family/Friend  Healthcare Provider  Attended another Event in the Community  Visited the Center Realtor Newspaper Internet  Other (Please explain): | | | | | | | | | | | |
| **How would you like to receive the monthly newsletter:**  Email  Mail  Pickup at the Center  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 DEATTH 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.  CORPORATE MEMBERSHIPS:   * One 1 column x 2-inch advertisement in Sunshine News for 12m. You are responsible for providing the ad. 12 months start with the next printing of the SSN after membership has started. The 12 months will not extend past your annual renewal date due to not providing an ad. * Ten (floating) memberships to Active Generations. May be used by any adult you issue the card to. You may “float” the card between people, but each person attending needs a card. Member only programs/activities require a membership card to attend. * Monthly newsletter (Sunshine News). The newsletter will be emailed to the address you provided in this application. If you would like a mailed copy, there is an additional $15.00 per year charge. * One opportunity to host an informational coffee. Based on availability. Call ahead. Rooms book quickly. * One booth at our 2018 Senior Living Fair. Held in March or April.   **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 \_\_\_\_\_\_\_\_**  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…**  DEMOGRAPHICSThe 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. | | | | | | | | | | | |
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| **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 | | | | | | | | | | | |

**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) 