Forks Senior Center Membership Application
101 N. Albion St., P. O. Box 944, Albion, MI 49224   Phone: 517-629-3842

Name_______________________________________________________Date________________________

Street Address__________________________________________City_______________Zip_____________

Township______________________________________________Phone____________________________

E-mail______________________________________________Newsletter Preference:  □  Email  □  Home

Birthdate: ________________

Silver Sneakers® Members please provide your ID #______________________________

Silver & Fit ™ Members please provide your ID #______________________________

Emergency Contact   Name:_____________________________________________________________________

Relationship: ________________________________________Phone: _________________________________

Confidential information for Calhoun County statistics (optional):

Ethnicity  □ Male  □ Female

□ Caucasian   □ African American  □ American Indian  □ Asian  □ Hispanic  □ Other

Annual Income

<table>
<thead>
<tr>
<th>Single: Less than:</th>
<th>100%</th>
<th>150%</th>
<th>200%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$11,880</td>
<td>$17,820</td>
<td>over $23,760</td>
</tr>
<tr>
<td>Married: Less than:</td>
<td>$16,020</td>
<td>$24,030</td>
<td>over $32,040</td>
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How did you hear about Forks Senior Center?

□ Newspaper  □ Senior Times  □ Website  □ Flyer  □ Friend or family  □ FSC Member

What are your special interests?  □ Special Events  □ Computers  □ Education

□ Arts & Crafts  □ Health & Fitness  □ Travel

Where would you be interested in volunteering?

□ Reception Desk  □ Fundraisers & Events  □ Set Up for Functions (tables & chairs)

□ Van Driver for Trips  □ Cleaning/Maintenance  □ Luncheon or Potluck Dinners

- FSC Membership is available for persons age 60 +.
- Membership Dues are $75.00 annually and are due on June 1st.
- Payment plan is available for those who qualify (2 payments of $37.50 due June 1st and December 1st).
- Subsidies can be requested for those who fall below the 100% of the federal poverty line and can provide appropriate documentation. Contact the Office Manager for additional information.
Forks Senior Center

MEMBER

DISCLAIMER AND WAIVER OF LIABILITY

Forks Senior Center (FSC) facilities, programs, and services are for use by our members and registered guests. FSC does not have professional trainers or attendants on duty in its fitness center or other areas of the facility, and FSC employees are not responsible for providing advice of any kind with regard to the use of exercise equipment or participation in exercise or other health-and-wellness classes or activities.

I, the undersigned, understand that participation in FSC’s on-site or off-site activities, programs, or services could result in severe injuries, including paralysis or death, and I assume any and all such risk. In consideration for allowing me to use FSC facilities, I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for losses and damages I may have against FSC and its representatives, successors and assigns for any and all injuries suffered by me as a result of my use of these facilities.

I also agree to hold harmless FSC from and against all liability as a result of damage to my property while engaged in FSC activities, programs, and services on-site and off-site. FSC shall not be liable for any actions taken or injuries incurred in these areas.

Signature_____________________________________________________________Date:_____________

Consent to use photos, audio, digital, or video images and artwork.

I hereby consent to photographs/audio or video footage and / or other images of myself or my artistic works being utilized by Forks Senior Center for any of the following purposes:

- Social media
- Marketing and promotional activities
- website
- newsletters and publications (electronic or hardcopy)
- or other specified use

Signature_____________________________________________________________ Date__________________________