



Member Registration Form

Personal Information <i>(please print)</i>			
First Name		Last Name	
Address		City	State Zip
Are you an Iowa City Resident (within City limits)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you live in an unincorporated part of Johnson County? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Phone Number		Secondary Phone Number	
Email			
Date of Birth (mm/dd/yyyy)	Gender Identity	Names of household members sharing your membership	
Emergency Contact Information			
Emergency Contact Name		Relationship	
Primary Phone Number		Secondary Phone Number	
Correspondence			
I would like the quarterly program guide: <input type="checkbox"/> Emailed to me <input type="checkbox"/> Mailed to my home <input type="checkbox"/> I will pick up at the Senior Center		I would like to receive correspondence such as membership renewal reminders and class update information via: <input type="checkbox"/> Email <input type="checkbox"/> Postal Mail	
Optional Information			
How would you describe your race/ethnicity? (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Self-identify: _____			
How did you learn about The Center? <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Iowa Public Radio <input type="checkbox"/> Newspaper <input type="checkbox"/> Website: _____ <input type="checkbox"/> Poster/Flyer <input type="checkbox"/> Facebook <input type="checkbox"/> Picked up a Program Guide at: _____ <input type="checkbox"/> Public Presentation <input type="checkbox"/> Little Village <input type="checkbox"/> Other:			
Suggestions for Future Classes/Activities:			

Notice: All information collected by The Center, except personal medical information, is considered to be a public record in the State of Iowa. The Center will only share membership information when compelled to by law.

Annual Membership Fee			
<i>Low-income membership discounts are available. Call Kristin Kromray at 356-5221 for eligibility details.</i>			
	Iowa City Resident (within City limits)	Non-Iowa City Resident	Subtotal
Single Membership:	\$40	\$75	\$
Additional Household Members:	\$25 each	\$45 each	\$
I would like to make a donation of \$ _____ to the Iowa City/Johnson County Senior Center.			\$
Total Due: <i>Payable to the Senior Center by cash, check, or Visa/MasterCard/Discover (in person)</i>			\$



Do you have Renew Active by UnitedHealthcare?
Please provide your confirmation code to claim your free Center membership:

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Release and Waiver of Liability

I hereby, for myself, heirs, executors, and administrators, waive, release, discharge, covenant not to sue, and to hold harmless the City of Iowa City, its officers, employees, and agents from any and all claims for damages, demands and causes of action of every nature which I may have or which may hereafter accrue to me arising either directly or indirectly from my participation in, or use of, programs, activities and services, including but not limited to the exercise room, at the Iowa City/Johnson County Senior Center, 28 South Linn Street, Iowa City, Iowa.

I have read this release and waiver of liability and agree to and accept its terms.

Printed Name

Signature

Date

Volunteer Information	Date:
Are you interested in volunteering at The Center? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Later:	
If yes, what are your areas of interest? <input type="checkbox"/> Instructor/Presenter <input type="checkbox"/> Group/Club Leader <input type="checkbox"/> Advisory/Working Committee <input type="checkbox"/> Building Supervisor <input type="checkbox"/> Tax Aide Counselor <input type="checkbox"/> SHIP Counselor <input type="checkbox"/> Technology Mentor <input type="checkbox"/> SCTV Producer <input type="checkbox"/> Library <input type="checkbox"/> Quilter <input type="checkbox"/> Intergenerational Programs <input type="checkbox"/> Special Events <input type="checkbox"/> Short-Term Projects <input type="checkbox"/> Other:	
Comments, past experience, related training/skills:	