

Rosamond Senior Citizens, Inc. **MEMBERSHIP APPLICATION** DATE: _____

Minimum Age Requirement: 50 years

HAVE YOU EVER BEEN A MEMBER? IF YES, WHAT YEAR _____ ID#: _____

APPLICATION TYPE: NEW _____ RE-INSTATE _____ HOMEBOUND: YES _____ NO _____

BIRTHDATE: _____ Gender M ___ F ___ Amount Paid _____
(Month//Day/Year)

STATUS: Married _____ Single _____ Widowed _____

NAME: FIRST MIDDLE LAST

Physical (Street) Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____

Telephone: (Home) _____ Fax _____ Cell _____

SPOUSES NAME: (If Applicable): _____

Emergency Contact Information:

Contact:

Name _____ Telephone _____

Ethic Information: *Optional* (but helps us get government funding) _____

All of the above information will be entered into our databases and will be held in strict confidence. The information will be used to determine future programs and to attempt to fulfill the desires of the members. We do not share our mailing lists. Your information will used for administrative purposes only. All officers are given membership names and numbers for operation of the Executive Board.

Any changes to your information should be given to the office ASAP.

Welcome to Rosamond Senior Citizens, Inc. We hope your membership will be an enjoyable one.

NAME OF INTAKE PERSON: _____ Date _____

Below is (or Office Use Only: (Office staff please initial & date next to what you complete)

Membership packet given: _____ Receipt Given: _____ Index Card Made: _____

Photocopied Payment Received _____ I.D. Card Made: _____

Entered into Excel/Access Database _____

Updated Birthday Log _____ Updated Mailing Labels _____

Monthly Membership Update Form _____ Certificate Database _____