

# Behring Senior Center Member Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_ Male \_\_\_ Female \_\_\_ Prefer not to Share

Are you a Veteran? \_\_\_ Yes \_\_\_ No Do You Live Alone? \_\_\_ Yes \_\_\_ No

How did you hear about us? \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status: \_\_\_ Married \_\_\_ Single \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Shared Household

Spouse/Significant Others Name: \_\_\_\_\_

Please list any Allergies:

\_\_\_\_\_

Please list any Medical Conditions:

\_\_\_\_\_

**Newsletter:**  Mail  Email  I do not want to receive it

## EMERGENCY CONTACT INFORMATION (provide up to 2 contacts)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

RELEASE: I understand and agree that the information contained on this form may be released for statistical purposes, and I agree to the release of information for that limited purposed only. I understand that any release of information in identifiable form may be accompanied by a signed consent form and that the information will not be used as an eligibility determination or effect participation as a recipient unless a law has specifically restricted program participation.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Behring Senior Center does not discriminate based on age, race, gender, national origin, color, creed, religion, political affiliation, or physical or mental disabilities in its employment practices or the provision of services except where it is a requirement of law.

*For Office use only: Keytag #* \_\_\_\_\_