



AUBURN SENIOR CENTER

2022 ASC ANNUAL MEMBERSHIP APPLICATION

11960 Heritage Oak Pl., Ste. 15 , Auburn, CA 95603
(530) 823-8172 ♦ auburnseniorcenter.com ♦ Like Auburn Senior Center on Facebook

Received 2022 Key Tag Card for Activity Check-In
Card #: _____

ANNUAL MEMBERSHIP (YEAR RUNS 7/1/22 – 6/30/23)

- One year individual membership \$25
- One year joint membership \$40
- 90+ Free Membership

DONATION TO AUBURN SENIOR CENTER

- In addition to my membership, I would like to support the Center's mission with a donation of:
 - \$100 \$75 \$50 \$25
- I have remembered the Center in my will or trust

PAYMENT INFORMATION

Total Amount Enclosed: \$ _____

I understand there are no refunds _____ (please initial)

To Be Paid By: Cash Check Credit/Debit Card
Credit Card payments accepted in person, by mail, or online.
For mailed credit card payments, please provide:

Cardholder Name: _____
 Card #: _____
 Expiration Date: _____
 V-Code (3 digit code on back of card): _____
 (4 digits on front of card if using AMEX)
 Signature: _____

WANT TO STAY INFORMED?

Would you like to receive information about the center on activities and programs via email? (newsletter)

- Yes No

May we text occasional updates and reminders to your cell phone number? Yes No

May we call your home or cell phone using our automated system? Yes No

OFFICE USE ONLY

Received on: _____ Received By: _____
 Amount Paid: _____ Check #: _____
 Notes _____

Members must complete a membership application and client information form. All fields are required.

MEMBER INFORMATION (PLEASE PRINT)

Name (first/last): _____

Street Address: _____

Unit/Apt/Spc: _____

Mailing Address: _____

(If different)

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Birth Date (mm/dd/yyyy): _____

Veteran: Yes No New Member: Yes No

MEMBERSHIP INFORMATION (FOR JOINT MEMBERSHIPS ONLY)

Name (first/last): _____

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Birth Date (mm/dd/yyyy): _____

Veteran: Yes No New Member: Yes No

EMERGENCY CONTACT INFORMATION

Name (first/last): _____

Relationship: _____

Cell/Home (circle one)

Phone: _____

How did you hear about the Center?

- Mailer Visit to Center Friend Event
- Newspaper Facebook Internet Search



Client Information Form 2022

We ask anyone using the Center to provide us with your information so that we can better serve you with a variety of programs, services, or assistance suited for your needs or circumstances. We ask for demographic information because much of our funding is based on the categories of people we serve. Your personal information will be kept confidential. Finally, to protect our Center, we require clients to review and sign off on all waivers.

***** All fields are required *****

County where I live: <input type="checkbox"/> Placer <input type="checkbox"/> Nevada <input type="checkbox"/> El Dorado <input type="checkbox"/> Other: _____
Volunteer: Are you a current ASC volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you interested in volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete Volunteer Application
My primary language is: <input type="checkbox"/> English <input type="checkbox"/> Other: _____
Ethnicity: <input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> Non-Hispanic/Latino(a)
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or Other African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other Race
My Marital Status is: <input type="checkbox"/> Married/Partnered <input type="checkbox"/> Single <input type="checkbox"/> Widowed
My Employment Status is: <input type="checkbox"/> Full-time permanent <input type="checkbox"/> Seeking employment <input type="checkbox"/> Part-time permanent <input type="checkbox"/> Retired
Do you have a disability (check all that apply): <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Vision impairment <input type="checkbox"/> Mobility issues <input type="checkbox"/> I use a wheelchair <input type="checkbox"/> I use a walker or cane <input type="checkbox"/> No disability
Have you received your COVID-19 vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No
Waivers (initial each one): Photography: I grant to ASC, its representatives, and employees the right to take photographs of me and my property in connection with use or support of the Senior Center. I authorize ASC, its assigns, and transferees, to use and publish the same in print and/or electronically. I agree that ASC may use such photographs of me with or without my name and for any lawful purpose, including for example such

purposes as publicity, illustration, advertising, and web content. Initials: _____/_____

Release from Liability: Yes, I release ASC and all its agents from any liability for any accident, injury, or damages of any kind to persons or property that might occur while participating in ASC activities. Initials: _____/_____

Code of Conduct: I understand my behavior, while here, reflects on the organization and affects the ability of ASC to deliver services to all seniors. I agree to refrain from behavior that: infringes on the rights of others; results in the destruction of property or equipment; violates any federal, state, county or city laws or ordinances; is threatening, aggressive, violent; or which may be taken as racial, religious, or sexual harassment or is discourteous towards others. As a member of the senior center, I understand that every effort is needed to make this a warm, positive, and safe environment. The code of conduct is posted in the Center and is available upon request. Initials: _____/_____

Fitness classes: I acknowledge that if I choose to participate in an ASC physical education class, I do so voluntarily. I hereby assume the risk for any injuries I may sustain during the pursuit of this activity while on the premises, and hereby release and forever discharge the instructors and the senior center from any actions, suits, damages, claims or judgements that may result from any personal or health injury I may sustain while so engaged. I understand that certain health hazards may exist in participation and hereby agree to accept any or all risks of said injury. Furthermore, I agree that I, my heirs, distributors, legal guardians, representatives, and assignees will make no claims against, pursue suits attaching the property or prosecute the Senior Center or instructors for injury or damage resulting from my participation. Initials: _____/_____