



Basic Information

1. **First name**

2. **Middle Initial**

3. **Last Name**

4. **Check Gender:** Male Female

5. **Date of Birth:** ____/____/_____

6. **What document was used to verify age?**

- Birth certificate
- Driver's license
- Employment identification card
- Military/veteran's identification card
- Passport
- School record
- Social Security or Medicare card
- U.S. census records
- Wedding or divorce decree
- Self declaration
- Other, specify:

7. **Residential street address or Post Office Box**

8. **Second line of street address**

9. **Residential city or town**

10. **County of residence**

11. **State of current residence** _____

12. **Residential zip code** _____

Registration Form

13. **Check Race:**

- American Indian/Native Alaskan
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Non-minority (White, non-Hispanic)
- White-Hispanic
- Other (Specify)

14. **Do you have a disability that limits activities such as mobility or self-care?**

Yes No

If yes, describe:

15. **Is the income below \$790 monthly for 1 person or below \$1,069 for a couple?**

Yes No

16. **I understand that the information collected may be used in statistical reports, and I hereby give my permission to use the information collected about me if it does not identify me personally.**

Yes No

(continued on other side)

OFFICE USE ONLY

New Renewal Expires: ____/____/____

Membership Type

Traditional 1/2 Scholarship Full Scholarship

SS/S&F: _____

Income Verified

By: _____ Date: _____

Amt. Paid: \$ _____ Check #: _____

Credit Card Cash Bank Draft

Rec. by: _____ Date: _____

Receipt #: _____

MySeniorCenter Scan Card: _____

Entered by: _____ Date: _____



Membership Locations

- Bordeaux Center Knowles Center J.L. Turner
 College Grove Madison Station
 Donelson Station Martin Center

Membership is \$144/year. Scholarships Available.

- FiftyForward does not discriminate based on inability to pay.
• Silver Sneakers® and Silver&Fit® membership are available at Donelson Station, Knowles and Madison Station.

Your Primary Phone #: _____ () Home () Mobile

Additional Phone #: _____ () Home () Mobile

Email: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Additional Emergency Contact: _____ Relationship: _____ Phone: _____

Optional Statistical Information: Member statistics assist FiftyForward in seeking funding and planning programs.

Marital Status: Single Widowed Married Divorced Veteran: Yes No

Currently Employed: Yes No Full-time Part-time

Do you live alone? Yes No If no, with whom: _____

Is your household income below the US poverty guidelines (ask staff for current guidelines): Yes No

How did you hear about FiftyForward?

- Already a member From a Friend Read a newsletter Saw an ad Read about it in Forward Focus

How would you like to receive the center's newsletter? Electronic copy Printed copy

In addition to our lifelong learning centers, FiftyForward offers services (Care Management, Meals on Wheels, Adult Day Services, Victory Over Crime) to assist individuals and families as needs arise. Would you like more information about these services? _____ Yes (please indicate which one below) _____ Not at this time

- Care Management Meals on Wheels Adult Day Services Victory Over Crime

I give permission to FiftyForward to use my photograph in promotional materials. I also waive any right to approve the finished product or copy and to be compensated for my likeness or participation. _____ YES _____ NO

By participating in center programming, I recognize the risks involved and hereby release FiftyForward and their agents, representatives, volunteers, sponsors, and assigns from any responsibility or liability for any personal injury or the loss and/or damage of personal property incurred while on FiftyForward premises, vehicles, and off-site activities.

I have read the terms and agree to membership eligibility. Failure to comply with any policy will result in termination of membership and exclusion from all FiftyForward centers. If I have a serious complaint about not receiving adequate service from FiftyForward, I have the right to file a grievance to the Center Director or to the Associate Executive Director of Active Aging.

SIGNATURE: _____ Date: _____

I have received and agree to abide by the following FiftyForward policies:
Initial Date
Participation Policy: _____
Grievance Policy: _____
Transportation Policy: _____
For renewing members only:
I have reviewed this form and updated all information.
Name _____ Date _____