

Newark Senior Center Membership Form  
200 White Chapel Drive • Newark, DE 19713  
(302) 737-2336

Membership Fee: Annual \$35 or Lifetime \$300 Date of membership: \_\_\_\_\_

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

Street: \_\_\_\_\_ Development: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City of Newark Resident? \_\_\_ Yes \_\_\_ No Years lived in this area: \_\_\_\_\_

Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell phone #: (\_\_\_\_) \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Are you interested in volunteering? *circle your interests & a staff person will be in touch*

Meals on Wheels Meeting of Minds Reception Desk Special Events

How would you prefer to receive your monthly newsletter via (please circle one):

e-mail in the mail

Would you like to receive program updates via: text email no, thank you

Do you have any medical restrictions? If so, please indicate: \_\_\_\_\_

Are you taking any medications? If so, please indicate: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

IN CASE OF EMERGENCY, who should we notify?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone #: (\_\_\_\_) \_\_\_\_\_ Work phone #: (\_\_\_\_) \_\_\_\_\_

Cell phone #: (\_\_\_\_) \_\_\_\_\_

*Please turn page over*

**I live:** \_\_\_ Alone                      \_\_\_ With my spouse                      \_\_\_ With a friend/roommate  
      \_\_\_ With my children            \_\_\_ With other family members        \_\_\_ Other\_\_\_\_\_

**How did you learn about the Newark Senior Center?**

\_\_\_ Family/Friend                      \_\_\_ Healthcare Provider                      \_\_\_ Attended Center for another event  
\_\_\_ Realtor                              \_\_\_ Newspaper                              \_\_\_ Internet                              \_\_\_ Bus  
Other (Please explain)\_\_\_\_\_

*The following questions are used for statistical purposes only:*

**I am:** \_\_\_ Male \_\_\_ Female

**I am:** \_\_\_ African- American \_\_\_ Asian \_\_\_ Caucasian \_\_\_ Other

**I am:** \_\_\_ Hispanic/Latino \_\_\_ Not Hispanic/Latino

**Income Level:** \_\_\_ Under \$20, 000 \_\_\_ \$20,001-30,000 \_\_\_ \$30,001-40,000 \_\_\_ \$40,001+

Newark Senior Center  
Participant Waiver and agreement  
Please read and sign:

To the extent permitted by law, the Member will indemnify and hold the Newark Senior Center, their employees, respective agents, representatives, instructors, volunteers, and participating companies and agencies and the Newark Senior Center's property, including the "premises", located at 200 White Chapel Dr., free and harmless from any liability for losses, claims, injury to or death of any person, including the Member, or for damage to property arising from the Member using and occupying the premises or from the acts or omissions of any person or persons, including the Member, in or about the premises with Member's express or implied consent except the Newark Senior Center's act or negligence.

I agree to obey and abide by the rules and regulations of the Newark Senior Center and follow said instructions of same.

I further acknowledge that I am becoming a registered member of the Newark Senior Center in reliance upon this waiver of liability. This waiver shall continue to be effective whether or not the undersigned continues to be a Member of the Newark Senior Center.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*REV. 02/23*