



MEMBERSHIP INFORMATION 2024

Today's Date _____

Name: _____ SEX (Please circle): F M

Date Birth: _____ Home # _____ Cell # _____

Email Address: _____

(by giving us your email address, you agree to receive emails from the Lewes Senior Activity Center)

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

I will pick up my newsletter each month at the Center (or read online) Yes No **Veteran Yes No**

I prefer to have my newsletter mailed each month at a yearly fee of \$7.00 Yes No

SPOUSE / PARTNER INFORMATION (complete this section only if joint membership)

Name: _____ SEX (Please circle): F M

Date Birth: _____ Home # _____ Cell # _____

Email Address: _____

(by giving us your email address, you agree to receive emails from the Lewes Senior Activity Center)

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Veteran Yes No

EMERGENCY CONTACT

Name of a relative or friend to contact in case of Emergency _____

Relationship: _____ Phone: _____

OFFICE USE ONLY: \$35 per person \$ _____ (Amount Paid) (Circle) Cash Check Credit Card Renews Jan 1st

Member Card Issued: YES NO

Database: _____

Welcome Letter: _____

(Please complete back page)

HOW DID YOU HEAR ABOUT THE LEWES SENIOR CENTER? (Please circle all that apply)

Friend

Internet/Google/Facebook

Newspaper

Television

Other

VOLUNTEER AND PROGRAM INTEREST

I would be interested in the following volunteer opportunities (Check all that apply):

☐ Driver (Volunteers are needed to drive members to doctors' appointments and for personal errands.)

☐ Reception Desk

☐ Bazaar / Yard Sale / Special Event Assistant

☐ Bingo (Tuesday morning Penny Bingo)

☐ Bingo (Tuesday evening Jackpot Bingo)

☐ Kitchen

☐ Building Maintenance / Minor Repairs

☐ Program Manager for (write in a description of the program you'd like to lead!) _____

☐ Board Member

☐ Committee Chair or Member (write in the Committee) _____

☐ Other _____

Do you have skills or talents you would like to share with others at LSC? (Please describe or list): _____

Please check any of the following programs that interest you:

☐ Art

☐ Baking / Cooking Class

☐ Cards (Bridge, Canasta, Pinochle)

☐ Ceramics

☐ Crafts

☐ Crocheting / Knitting

☐ Dancing (Line / Tango / Tap)

☐ Games (Dominos / Scrabble / etc.)

☐ Tai Chi

☐ Walk Aerobics

☐ Woodworking

☐ Yoga

☐ Other _____

☐ Exercise Classes

Waiver: I understand there are certain risks involved when being around people, traveling with others and contact with other members, and I agree to hold the Lewes Senior Activity Center, and its agents and employees harmless in the event of any mishap, accident or illness. **Please initial:** _____

Thank you...and welcome to the Lewes Senior Activity Center!

Celebrating 55+ years of service! Email: lewesseniorcenter@gmail.com

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