



MEMBERSHIP INFORMATION 2026

MEMBERSHIP TERM

JULY 1, 2026 – JUNE 30, 2027 (12 MONTHS)

\$40 per person

Today's Date: _____

Name: _____ Gender (circle one): F M

Date of Birth: _____ Home #: _____ Cell #: _____

Email Address: _____

By giving us your email address, you agree to receive emails from the Lewes Senior Activity Center.

Mailing Address: _____ Community: _____

City: _____ State: _____ Zip Code: _____ Veteran (circle one): Y N

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

Name: _____ Gender (circle one): F M

Date of Birth: _____ Home #: _____ Cell #: _____

Email Address: _____ Veteran (circle one): Y N

By giving us your email address, you agree to receive emails from the Lewes Senior Activity Center.

Optional: Add \$15 to have the monthly newsletter mailed directly to your home (circle one): YES NO
The newsletter is free to pick up at the Center or to read online.

_____ **Please contact me about volunteer opportunities** such as working the reception desk, volunteer driving, assisting at Bingo, serving on a committee, assisting with building maintenance, stuffing envelopes, etc.

HOW DID YOU HEAR ABOUT US?

_____ Our Facebook Page _____ Other Social Media (please specify _____) _____ Friends/Family

_____ Newspaper (please specify _____) _____ Government Information _____ Signage

_____ Search Engine (Google, Bing, Yahoo, etc.) _____ Other (please specify _____)

CONTINUE ON OTHER SIDE

OFFICE USE ONLY: \$40 per person – Total Paid: \$ _____ Cash Check Debit Credit

Member Card Issued: YES NO Database: _____ Welcome Letter: _____ Park Permit # _____

EMERGENCY CONTACT

Name: _____

Relationship: _____ Phone: _____

OPTIONAL: Please assist us by providing the following information which will make it easier for LSAC to obtain grant monies.

Race:

_____ American Indian or Alaska Native

_____ Native Hawaiian/other Pacific Islanders

_____ Asian

_____ Caucasian

_____ Black/African American

_____ Multiracial/Other

Marital status: _____ Married _____ Divorced _____ Single _____ Widowed

Are you still working? _____ Part-time _____ Full-time _____ Not working

Income:

_____ \$0 – \$25K _____ \$26K – \$50K _____ \$51K – \$75K _____ \$76K – \$100K _____ \$100K – Above

MEDIA RELEASE:

I hereby give permission in perpetuity for my name, photo, image and likeness to be used by the Lewes Senior Citizens Center Inc. d/b/a the Lewes Senior Activity Center (LSAC) or its representatives in LSAC newsletters, websites, for special events, promotional materials, official media sites (including, but not limited to, Facebook, Youtube, X and Instagram), recruitment materials, and/or in any media without compensation, and I hereby release LSAC from any claims arising out of any such use. **FOR JOINT APPLICATION, BOTH INDIVIDUALS MUST INITIAL.**

Initials - REQUIRED

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RELEASE & WAIVER OF LIABILITY:

In consideration of the use of Lewes Senior Activity Center (LSAC) facilities and my participation in any and all LSAC programs and activities, I agree that the Lewes Senior Citizens Center Inc. d/b/a/ the Lewes Senior Activity Center, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, illness or disease incurred by myself, my family members, my dependents or my guests, including minors, however occurring, including, but not limited to, the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, illness, or disease sustained from my participation in LSAC programs and/or activities.

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