LEWES SENIOR
Activity Center
Staying Active After 50

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.

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)

☐ Program Manager for (write in a description below of the program you would like to lead)

☐ Board Member ☐ Committee Chair or Member (write in the Committee below)

☐ Building Maintenance / Minor Repairs ☐ Other _____

CONTINUE ON OTHER SIDE

OFFICE USE ONLY: **$40 per person – Total Paid:** $_____ **Cash** **Check** **Credit Card**

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.

_____
Initials - REQUIRED

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.

_____
Initials – REQUIRED