

New _____

Renewal _____

MS _____

Access _____

CAPE HENLOPEN SENIOR CENTER

MEMBER INFORMATION: ID # _____ My Senior #: _____

PLEASE PRINT!

NAME: _____ SEX (please circle) F M

Race: (please circle) Caucasian African American Asian Hispanic Native American

Date of Birth: _____ Phone: _____

Email Address: _____

Address: _____ Development: _____

City: _____ State: _____ Zip: _____

EMERGENCY CONTACT:

Name of relative / friend not residing with you: _____

Relationship: _____ Phone: _____

HOW DID YOU LEARN ABOUT THE CHSC? (please circle)

Friend Internet/Google/Facebook Newspaper Radio Television Other

I HAVE RECEIVED THE MEMBERSHIP GUIDELINES AND UNDERSTAND MY OBLIGATIONS AS A MEMBER OF THE CAPE HENLOPEN SENIOR CENTER.

Signature Date

OFFICE USE ONLY:

Dues Paid: Yes No Member Card Issued: Yes No Welcome Packet: Yes No

How do you want to receive your Newsletter: Email: _____ Master Mailing: _____

Renewal Dates: _____

CAPE HENLOPEN SENIOR CENTER

VOLUNTEER AND PROGRAM INTEREST

CONTACT ME ABOUT THE FOLLOWING VOLUNTEER OPPORTUNITIES:

Board Member _____ Reception Desk _____ Kitchen Assistant _____

Bingo Caller _____ Newsletter _____ Bulk Mailings _____

Committee Member (name committee(s) that interest you): _____

DO YOU HAVE SKILLS YOU WOULD LIKE TO SHARE WITH OTHERS AT THE CHSC? _____

PLEASE EXPLAIN OR LIST: _____

PLEASE CHECK OR CIRCLE PROGRAMS THAT INTEREST YOU:

Art _____ Jackpot Bingo _____ Bingocize _____

Cards/Games: Pinochle _____ Bridge _____ Mah Jongg _____ Other _____

Crafts _____ Crochet/Knitting _____ Quilting _____ Sewing _____ Line Dancing _____

Ballroom Dancing _____ Chair Aerobic _____ Chair Yoga _____ LaBlast Fitness _____

Sit & Get Fit _____ Circuit Fitness Training _____ Fitness Room _____ Balance Class _____

Tai Chi for Balance _____ Tai Chi for Health _____ Chorus _____ Gospel Choir _____

Computer _____ Wii Bowling _____ Billiards _____ Woodcarving _____ Trips _____

OTHER SPECIFIC INTERESTS: _____
