



7545 Diven Street Norfolk, Virginia 23505

Phone: (757) 625-5857

Website: www.primeplus.org

Membership Number: _____

Date: _____

The following items are confidential and assist us in providing statistics for grant purposes. Personal information is NEVER released. Only demographic information is used.

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mr /Mrs/ Miss/Ms	Last Name	First Name	Middle Initial
Street Address		City	
State	Zip Code	Home Telephone	
		Cell Phone/Alternate	
Nickname		Birth Date	
Spouse's Name		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single	
E Mail Address		How did you hear about us?	

Federal Annual Income Level: A B C D E F G (see chart below)

Household	A	B	C	D	E	F	G
1	\$0 - 12,490	12,491 - 13,739	13,740 - 16,649	16,650 - 20,808	20,809 - 24,980	24,981 - 31,225	31,226 and above
2	\$0 - 16,910	16,911 - 18,601	18,602 - 22,541	22,542 - 28,172	28,173 - 33,820	33,821 - 42,275	42,276 and above
3	\$0 - 21,330	21,331 - 23,463	23,464 - 28,433	28,434 - 35,536	35,537 - 42,660	42,661 - 53,325	53,326 and above
4	\$0 - 25,750	25,751 - 28,325	28,326-634,325	34,326 - 42,900	42,901 - 51,500	51,501 - 64,375	64,376 and above

Gender: Male Female

Ethnicity: African/Am Asian Native Am White Other _____

Housing: House Apartment Room Condo Other _____

Living Arrangement: Rent Own Share

Household: Head of Household Live Alone Live with Spouse Live with Another

Retired From: _____ Year: _____

Military : Veteran Y / N Branch: _____

Emergency Contact: _____ Phone: _____

Address: _____ Relationship: _____



7545 DIVEN STREET
NORFOLK, VIRGINIA 23505
TELEPHONE (757) 625-5857
FAX: (757) 625-5858

WAIVER AND RELEASE

I hereby agree to participate in the programs offered by Primeplus Norfolk Senior Center, its officers, directors, employees and agents (herein, collectively the "Center") upon the understanding and condition that:

1. I represent to the Center that I am physically capable of participating in a cardiovascular exercise program and that, to the extent necessary in light of my prior health history, current weight and general physical condition; I have consulted my personal physician or other health authority before making such representation.
2. I recognize the risks of illness and injury inherent in any programs that I am participating in at the Center. I am hereby waiving and releasing the Center from any and all claims, costs, liabilities, expenses or judgments, including attorney's fees and courts costs (herein, collectively "Claims") arising out of my participation in the Center's programs or any illness or injury resulting from such activity. I hereby further agree to indemnify and hold harmless the Center from and against any and all Claims except Claims proximately caused by the gross negligence or willful misconduct of the Center.
3. I agree to inform the Center before participation in any of its programs of any change in my physical condition which might in any way adversely affect my ability to participate in the program safely.

I hereby execute and deliver this Waiver and Release to induce the Center to permit me to participate in its programs.

Date

Participant's Signature

Membership #

Print Name of Participant

Photo Release: Yes *I hereby authorize photos to be taken of me that may be used in any way deemed appropriate by Primeplus. If I do not wish to be in photos, I will remove myself voluntarily out of view.*



Membership Number: _____

Today's Date: _____

Membership Expiration Date: _____

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MEMBERSHIP APPLICATION FEE: \$180.00
(Pay either \$96 for 6 months or \$180 for 12 months)

Select (one) membership application fee payment option:

\$96.00 (6-month) \$180.00 (1 year)

Credit Card Users Only: I would like to set up monthly automatic withdrawals
* 6-month Membership Fee - \$16.00 will be withdrawn automatically on or about the 5th of each month.
* Annual Membership Fee - \$15.00 will be withdrawn automatically on or about the 5th of each month.

I would like to donate to the Senior Center Fund to help other underserved seniors

\$96.00 \$180.00 Other \$ _____

Check Enclosed

Charge my Credit Card: (Circle One) Visa or MasterCard Amount: \$ _____

Credit Card # _____ Exp. _____ / _____

Signature

3-digit security code

Billing Address is the same as Home Address

Billing Address is different

Full Name: _____

Address: _____

City _____ State _____ Zip _____

Email address: _____