

# Member Information



(PLEASE PRINT)

**Name:** \_\_\_\_\_ **M/F?** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Member? NO / YES - Exp. Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip Code** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

**Alternate Emergency Contact:** \_\_\_\_\_

**Alternate Emergency Contact Phone:** \_\_\_\_\_

**Full or Part-time Resident?** \_\_\_\_\_

**Ethnicity**    Caucasian    African American    Asian    Hispanic    Native American    Other

**Number in Household**    1 person    2 People    3 People    4 People    5 or more

I, (on behalf of myself, my heirs, assignees and legal representatives) hereby agree to release The Cathedral City Senior Center, it's officers, employees, volunteers, instructors, facilitators and agents from any liability for accidents, injuries, loss and damages to my person or property that may arise out of my participation in or presence at any activity, program, class or event. I certify that I am in good physical health and there is no reason(s) why I should not participate in or be a spectator at any activity. I understand and acknowledge that The Cathedral City Senior Center does not guarantee the construction, condition or safety of the facility or equipment. I have carefully read this agreement and understand that it is a waiver of liability and limitation of some of my rights and I have entered into this agreement of my own free will.

**Monthly Income Level**    Less than \$1,000.00    \$1,000.00 - \$2,000.00    \$2,000.00 - \$4,000.00    More than \$4,000.00

(I have read and understand the above)

**Signature:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

# Payment Information



Membership:       New       Renewal

\$25 Individual       \$45 Couple

Payment Type:  Cash       Check       Credit Card (Please PRINT CLEARLY below)

Type:  Visa       Master Card

\_\_\_\_\_  
Name (as it appears on Credit Card)

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Security Code

Your Annual Membership enables discounts to activities, programs and events. An additional, tax-deductible donation supports vital Low-Income & Senior Services at The Cathedral City Senior Center, Tierra del Sol & our surrounding community. Your kindness & generosity are deeply appreciated.

Activity Name & Cost: \_\_\_\_\_

Donation/Sponsorship Amount: \_\_\_\_\_

TOTAL AMOUNT: \_\_\_\_\_

**Address associated with this credit card (if different from Mailing Address on reverse):**

\_\_\_\_\_  
**City/State/Zip Code:** \_\_\_\_\_

(For Office Use)