

# ELA 55+ MEMBERSHIP REGISTRATION

FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_ LAST NAME: \_\_\_\_\_

BIRTH DATE: MO: \_\_\_\_\_ DAY: \_\_\_\_\_ YEAR \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_  
(Circle One) Landline or Cell Landline or Cell

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_

GENDER: MALE OR FEMALE

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## **EMERGENCY CONTACT #1**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

PHYSICIAN NAME: \_\_\_\_\_

PHYSICIAN PHONE: \_\_\_\_\_

## **EMERGENCY CONTACT #2**

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

## **PLEASE LIST**

DISABILITIES: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

## **PLEASE CIRCLE WHICH APPLIES TO YOU**

HOUSEHOLD: LIVES ALONE or JOINTLY (with someone)

ETHNICITY: ASIAN AMERICAN AFRICAN AMERICAN CAUCASIAN HISPANIC NATIVE AMERICAN

## **OFFICE USE ONLY**

KEY FOB NUMBER: \_\_\_\_\_ PICTURE TAKEN?: YES OR NO

ALL INFORMATION IS CONFIDENTIAL. DEMOGRAPHIC INFO IS OPTIONAL, USED SOLELY FOR GRANT WRITING.