

# Fifty Forward

Page 2

**Membership Locations\***

- Bordeaux       Knowles       J.L. Turner\*  
 College Grove\*     Madison Station  
 Donelson Station    Martin Center

**\$120/year \* Scholarships Available**

- FiftyForward does not discriminate based on your ability to pay.
- \*Due to partnership agreements, fees at J. L. Turner and College Grove will vary.
- Silver Sneakers® membership is available at J. L. Turner, Knowles and Madison Station.
- Silver&Fit® membership is available at Donelson Station, J.L. Turner, Knowles, and Madison Centers.

**Member Phone #:** \_\_\_\_\_ ( ) Home ( ) Mobile

**Additional Phone #:** \_\_\_\_\_ ( ) Home ( ) Mobile

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

**How would you like to receive the center's newsletter?**     Electronic copy     Printed copy

**Emergency contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Additional Emergency contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Optional Statistical Information:** *Member statistics assist FiftyForward in seeking funding and planning programs.*

**Marital status:**     Single     Widowed     Married     Divorced                      **Veteran:**     Yes     No

**Currently Employed:**     Yes     No     Full-time     Part-time

**Do you live alone?**     Yes     No

**Is your household income below the US poverty guidelines (ask staff for current guidelines):**     Yes     No

**How did you hear about FiftyForward?**

- Already a member     From a Friend     Read a newsletter     Saw an ad     Read about it in Forward Focus

I give permission to FiftyForward and its centers and programs to use my photograph in promotional materials. These include, but are not limited to, *Forward Focus*, video, fliers, news releases, website and other publicity pieces. I also waive any right to approve the finished product or copy and to be compensated for my likeness or participation.

\_\_\_\_\_ YES    \_\_\_\_\_ NO

I understand membership eligibility and that if I have a serious complaint about not receiving adequate service from FiftyForward, I have the right to complain to the proper authorities with no penalty to me.

**SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have received and understand the following FiftyForward information and policies:		
	<b>Initial</b>	<b>Date</b>
Participation Policy:	_____	_____
Grievance Policy:	_____	_____
Transportation Policy:	_____	_____
Activity Policy:	_____	_____
Volunteer Opportunities:	_____	_____
<b>For renewing members only:</b>		
I have reviewed this form and updated all information.		
_____	_____	_____
<b>Name</b>		<b>Date</b>



**Registration Form**

**Basic Information**

1. First name

\_\_\_\_\_

2. Middle Initial

\_\_\_\_\_

3. Last Name

\_\_\_\_\_

4. Check Gender:  Male  Female

5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. What document was used to verify age?

- Birth certificate
- Driver's license
- Employment identification card
- Military/veteran's identification card
- Passport
- School record
- Social Security or Medicare card
- U.S. census records
- Wedding or divorce decree
- Self declaration
- Other, specify:

\_\_\_\_\_

7. Residential street address or Post Office Box

\_\_\_\_\_

8. Second line of street address

\_\_\_\_\_

9. Residential city or town

\_\_\_\_\_

10. County of residence

\_\_\_\_\_

11. State of current residence \_\_\_\_\_

12. Residential zip code \_\_\_\_\_

13. Check Race:

- American Indian/Native Alaskan
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Non-minority (White, non-Hispanic)
- White-Hispanic
- Other (Specify)

\_\_\_\_\_

14. Do you have a disability that limits activities such as mobility or self-care?

Yes  No

If yes, describe:

\_\_\_\_\_

15. Is the income below \$790 monthly for 1 person or below \$1,069 for a couple?

Yes  No

16. I understand that the information collected may be used in statistical reports, and I hereby give my permission to use the information collected about me if it does not identify me personally.

Yes  No

*(continued on other side)*

**OFFICE USE ONLY**

New  Renewal Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Membership Type**

Traditional  1/2 Scholarship  Full Scholarship

SS/S&F: \_\_\_\_\_

Income Verified

By: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

Amt. Paid: \$ \_\_\_\_\_  Check #: \_\_\_\_\_

Credit Card  Cash  Bank Draft

Rec. by: \_\_\_\_\_ Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_

\*\*\*\*\*

MySeniorCenter Scan Card: \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_