



Membership Form

Date of Application _____ Date of Birth(you must be 55 or older to join) _____

Name _____ Preferred Name: _____
First MI Last

Address _____

City, State, Zip _____

Mailing Address (if different) _____

In which city limits, if any do you reside: Mocksville Cooleemee Bermuda Run None (County)

Home Phone (____)____ - _____ Work Phone (____)____ - _____ Cell Phone(____) ____ - _____

Email Address _____

Sex: Male Female

Are you a Veteran? Yes No

Race: African-American
 Asian/Pacific Islander
 Hispanic
 Native American/Alaskan
 White

Marital Status: Divorced
 Married
 Never Married
 Separated
 Widowed

Household Composition: Group residence
 Live alone
 Live with adult relative
 Live with children
 Live with non-relative
 Live with spouse
 Other _____

Employment Status: Fully retired
 Homemaker
 Retired, but work p/t
 Self Employed
 Unemployed
 Work full time
 Other _____

Education Level: Completed 8th grade or less
 Completed 9 – 11 grade
 Completed 12th grade
 Completed 1 – 3 years of college
 Completed 4 years of college
 Completed more than 4 years of college
 Prefer not to answer

*It is the mission of Davie County Senior Services
to provide seniors with accessible services and opportunities for
fellowship, fun and learning, through activities and programs that enrich lives.*

Person to be notified in case of emergency: (Please list 2 – at least 1 local)

Name: _____ Name: _____

Address: _____ Address: _____

Phone:(h) _____ Phone:(h) _____

(w) _____ (w) _____

(cell) _____ (cell) _____

Relationship: _____ Relationship: _____

Please list any medical problems that you would like us to be aware of: _____

Our newsletter is mailed free of charge to all members. You may wish instead to receive the newsletter via email or to pick it up at the center. Please indicate your preference by circling:

Mail Email (be sure to include email address on front of form) Pick up

RELEASE:

By my signature, I agree that Davie County Senior Services, County of Davie, or any employees or representatives on their part are not responsible or liable for any injuries or physical liabilities of any kind which may occur on the property of Davie County Senior Services. For participation tracking purposes, I agree to sign in and/or use my membership card when participating in activities at Davie County Senior Services.

Signature _____ Date _____

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