



# Indian River Senior Center 2025 Membership Application

Office Use	
MSC _____	QB _____
Copy _____	NP _____

### Membership Fee \$40

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Preferred Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ [ ] Cell [ ] Home

Email \_\_\_\_\_

### Newsletter Preference

Please check one [ ] E-mail [ ] Mail [ ] Pick up at Center

### Emergency Contact

Name of relative or friend to contact in case of Emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Activities

Please check any of the following activities that interest you.

- [ ] Art - Painting    [ ] Canasta    [ ] Golf - Recreational    [ ] Rummikub    [ ] Walking
- [ ] Billiards    [ ] Cornhole    [ ] Line Dancing    [ ] Shuffleboard    [ ] Yoga
- [ ] Bingo    [ ] Craft Classes    [ ] Mah Jongg    [ ] Tai Chi Chih
- [ ] Book Club    [ ] Exercise Classes    [ ] Nickel Poker    [ ] Trips
- [ ] Bridge    [ ] Golf - Competitive    [ ] Ping Pong    [ ] Volunteering

Comments \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Waiver

I understand there are risks involved when participating in Indian River Senior Center activities and I agree to hold harmless the Indian River Senior Center, its employees, and volunteers in the event of any mishap, accident, or illness.

Signature \_\_\_\_\_ Date \_\_\_\_\_