



|                                  |                        |                             |
|----------------------------------|------------------------|-----------------------------|
| <b>NAPIS</b> ____                | <b>MEMBERSHIP</b> ____ | <b>Barcode #</b> _____      |
| <b>New</b> ____                  | <b>Renewal</b> ____    | <b>Membership Fee</b> _____ |
| <b>\$25/Year 1/2/21-12/31/21</b> |                        | <b>Donation</b> _____       |
| <b>Entered in Database</b> _____ |                        | <b>Total</b> _____          |
| <b>Cash</b> ____                 | <b>Check #</b> _____   | <b>or Credit Card</b> _____ |

### Membership/\*NAPIS Registration

(\*Client Registration form for Adult Day Care, Congregate Meals, Home Delivered Meals, Senior Transportation, Supportive Services)  
*Some of our questions may seem unusual. We must ask, complying with Federal expectations. We hope you understand!*

First Name: \_\_\_\_\_ MI \_\_\_\_ Preferred Name \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix: \_\_\_\_\_  
 Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Spouse/Partner's Name: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Wedding Anniversary: \_\_\_\_\_  
 Residential Address (if different from Mailing Address): \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Newsletter Mailed \_\_\_\_ Newsletter Emailed \_\_\_\_  
 Photo Release (copy available in the office) \_\_\_\_ Yes \_\_\_\_ No  
 Are you interested in volunteering at Oxford Seniors?  YES  NO

|                                     |                                 |
|-------------------------------------|---------------------------------|
| <b>NOTIFY IN CASE OF EMERGENCY:</b> |                                 |
| Name: _____                         | Home Phone:(____) _____         |
| Relationship: _____                 | Work or Cell Phone:(____) _____ |

**Gender:**  Male  Female  Other \_\_\_\_\_ **Ethnicity:**  Hispanic/ Latino  
 Not Hispanic/ Latino

**Current Marital Status:**  Single  
 Married  
 Legally Separated  
 Widowed  
 Divorced

**Race:** (Select all that apply)  
 American Indian or Alaskan native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White  
 Other

**Current Living Arrangement:**  Lives Alone  
 With spouse/partner  
 With spouse/partner & child  
 With child/children  
 With others

### Household Size and Income Level

One person – is the household annual income (circle one) Above, At, or Below \$12,490?  
 Two People – is the household annual income (circle one) Above, At or Below \$16,910?  
 Three People – is the household annual income (circle one) Above, At or Below \$21,330?  
 Four or more People – is the household annual income (circle one) Above, At or Below \$25,750?  
 Refused

**Disabled?**  Yes  No

(Definition: Having a disability attributable to mental or physical impairments, that result in substantial functional limitation in 1 or more of the following areas of major live activity: (A) self-care, (B) receptive and expressive language, (C) learning, (D)mobility, (E) self-direction, (F) capacity for independent living, (G) economic self-sufficiency, (H) cognitive functioning, and (I)emotional adjustment.)

