

## **Member Registration Form**

Personal Information						
First Name		Last Name				
Address		City	State	Zip		
Are you an Iowa City Resident (within City limits)?		Do you live in an unincorporated part of Johnson County?				
☐ Yes ☐ No		☐ Yes ☐ No				
Primary Phone Number		Secondary Phone Number				
Email						
Date of Birth (mm/dd/yyyy)	Gender Identity	Names of household members sharing your membership				
Emergency Contact Information						
Emergency Contact Name		Relationship	Phone Number			
Correspondence						
I would like the program guide calendar:						
☐ Emailed to me ☐ Mailed to my home ☐ I will pick up at the Senior Center ☐ I do not wish to receive one						
Optional Information						
How would you describe your race/ethnicity? (check all that apply)						
☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Multi-racial ☐ Native American/Alaskan						
☐ Pacific Islander ☐ White ☐ Self-identify:						
What is the primary language spoken in your home?						
☐ English ☐ Spanish ☐ Arabic ☐ Chinese ☐ French ☐ Other Language:						
Suggestions for Future Classes/Activities:						
Please indicate your household income level according to the number of people in your home:						
1 person	2 people	3 people 4	+ people			
□ Less than \$20,950 □ \$20,951 - 34,900 □ \$34,901- 55,850 □ More than \$55,80	<ul><li>□ Less than \$23,950</li><li>□ \$23,951 - \$39,900</li><li>□ \$39,901 - \$63,800</li><li>□ More than \$63,800</li></ul>	□ \$26,951 - \$44,900 □ \$44,901 - \$71,800	Less than \$. \$29,901 - \$4 \$49,851 - \$. More than \$	49,850 79,750		

Notice: All information collected by The Center, except personal medical information, is considered to be a public record in the State of Iowa. The Center will only share membership information when compelled to by law.

Version 1/25/2023 **Over ⇒** 

## **Annual Membership Fee** Low-income membership discounts are available. Call Kristin Kromray at 356-5221 for eligibility details. Iowa City Resident Non-lowa City Resident Subtotal (within City limits) \$ \$40 \$75 Single Membership: \$25 each \$45 each \$ Additional Household Members: \$ I would like to make a donation of \$ to the Iowa City/Johnson County Senior Center. \$ Total Due: Payable to the Senior Center by cash, check, or Visa/MasterCard/Discover (in person)



## Release and Waiver of Liability

I hereby, for myself, heirs, executors, and administrators, waive, release, discharge, covenant not to sue, and to hold harmless the City of Iowa City, its officers, employees, and agents from any and all claims for damages, demands and causes of action of every nature which I may have or which may hereafter accrue to me arising either directly or indirectly from my participation in, or use of, programs, activities and services, including but not limited to the exercise room, at the lowa City/Johnson County Senior Center, 28 South Linn Street, Iowa City, Iowa.

Signature

I have read this release and waiver of liability and agree to and accept its terms.

Printed Name

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Date				
Volunteer Information		Date:		
Are you interested in volunteering at the Iowa City Senior Center?				
☐ Yes ☐ No ☐ Maybe ☐ Later				
If yes, what are your areas of interest?				
☐ Instructor/Presenter ☐ Group/Club Leader ☐ Advisory/Working Committee ☐ Building Supervisor				
☐ Tax Aide Counselor ☐ SHIIP Co	ounselor 🚨 Technology Mentor 🚨 SCTV Pr	oducer 🛘 Library 🗘 Quilter		
☐ Intergenerational Programs ☐ Special Events ☐ Short-Term Projects ☐ Other:				
Comments, past experience, related tra	aining/skills:			