



MEMBERSHIP APPLICATION

Application Date: _____

Please **print, sign** and complete the entire application form. All membership information provided is strictly confidential. ***Information required for membership and funding.***

Name

Courtesy Title (Please mark one): Mr ___ Mrs ___ Miss ___ Ms ___ Dr ___ Rev ___ Hon ___ Other ___

Last Name	First Name	Middle Name	Suffix	Name go by
_____	_____	_____	_____	_____

***Date of Birth*:** _____ Gender _____ ***Last four digits Social Security # *** _____

***Marital Status*:** married ___ widowed ___ divorced ___ separated ___ single ___ unknown ___

Housemate's Name: _____

Relationship: husband ___ wife ___ son ___ daughter ___ brother ___ sister ___ partner ___ other ___

Race White ___ Black/African American ___ American Indian/Alaskan Native ___ Other ___
 Asian ___ White-Hispanic ___ Native Hawaiian/Other Pacific Islander ___

Ethnic Background Hispanic or Latino ___ Non-Hispanic or Non-Latino ___

Household Income Please check the appropriate space below.

Single - Under \$980/mo or \$11,770/yr. _____
 or Two People - Under \$1327/mo or \$15,930/yr. _____

Between \$11,770-\$29,000/yr _____ Over \$29,000/yr _____

This information enables KASC to better inform you of available County/State supportive services and will help determine the level of funding the center will receive from County/State and other private sources.

Second Language: _____

Veteran: Yes ___ No ___

***Lives Alone*:** Yes ___ No ___

***High Nutritional Risk*:** Yes ___ No ___

***Rural*:** Yes ___ No ___

***Disabled*:** Yes ___ No ___

Physical Address (Please mark add or change):	Add _____ Change _____	Mailing Address (if different from physical) (Please mark add or change):	Add _____ Change _____
Street _____		Street and/or P.O. Box _____	
City _____ State _____ Zip _____		City _____ State _____ Zip _____	
County _____		*Municipality (i.e. Borough, Township, City)* _____	

Phones, Fax and Email: *Either a Home phone number or Cell phone number is required*

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email: _____ Email Newsletter: Yes ___ No ___

How did you learn about us?: KASC Member ___ Friend/Relative ___ Facebook ___
 Other Organization, please specify _____ Other _____

***** More on other side, Signature Required, please turn over, complete, read and sign on other side *****



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Last Name	First Name	Middle Name	Suffix	Name go by

Emergency Contact Information (Please provide two emergency contacts.)

Name of contact: _____	Name of contact: _____
Relationship: _____	Relationship: _____
Work Phone: _____	Work Phone: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email Address: _____

Our Mission and Vision

We thank you for support through membership. Your membership fee helps to ensure that KASC achieves its' mission and vision.

MISSION STATEMENT

KASC helps adults, age 50 and better, live healthy, active, and independent lifestyles.

VISION STATEMENT

Adults in our community have access to high-quality, low-cost, inter-generational lifelong learning services: health, fitness, and nutrition programs; activities that enhance brain power; and recreational and social events.

***Signature*:** _____

Date: _____

Kennett Area Senior Center • 427 South Walnut Street, Kennett Square, PA 19348 • 610-444-4819 • www.kennettseiorcenter.org

For Office Use Only		KASC ID#	Housemate's KASC ID:
LGL/Copilot Input Info		Yearly Renewal - \$35	New Member - \$35
LGL Date: _____	Initials: _____	Date Paid _____	Check _____
Copilot Date: _____	Initials: _____	Cash _____	Check # _____