



KASC MEMBERSHIP APPLICATION

Application Date: _____

This form is available on our website at www.kennettseiorcenter.org and may be completed and signed electronically OR you may print, handwrite and mail or drop off the application. 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 widow divorced separated single partner other

Housemate's Name(s): _____

Relationship(s): husband wife son daughter brother sister partner other

Ethnic Race Black/African American American Indian/Native Alaskan
 WhiteHispanic Native Hawaiian/Other Pacific Islander
 Asian Non- Minority (White, Non-Hispanic or Non-Latino)
Ethnicity Hispanic Non Hispanic Biracial

Household Income Please check the appropriate space below.		Income information enables KASC to better inform you of available supportive services and will help determine the level of funding the center will receive from County, State and private sources.	*Are you a Veteran?*	
SINGLE (Choose one) - \$13,590 or higher/per year	OR \$13,589 or less/per year.		Yes	No
COUPLE (Choose one) - \$18,310 or higher/per year	OR \$18,309 or less/per year.		Yes	No
			Do you live alone?	
			Do you have a disability?	

Physical Address	Add	Mailing Address (if different from physical)	Add
Please mark add or change:	Change	Please mark add or change:	Change

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

County _____ ***Municipality (i.e. Borough, Township, City)*** _____

Phones and Email: *Either a home phone number or cell phone number is required*

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Newsletter: Yes No

Email: _____

How did you learn about us?: KASC Member Facebook KASC Website Friend/Relative

Other Organization, please specify _____ Other _____

***** More information on the other side. Your typed or signed signature is required. Please turn over, read, complete and sign on other side *****

KASC MEMBERSHIP APPLICATION (page 2)

What made you choose to support KASC through membership?: _____

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.

If you are completing this form electronically, please be sure to type your signature and the date. Save the completed form to your computer. You may then print and mail or drop off or e-mail it to kasc@kennettseiorcenter.org.

You may mail a check for your fee of \$35 to KASC, 427 S. Walnut St., Kennett Square, PA 19348 or pay securely on-line by visiting the membership page of our web site at:

www.kennettseiorcenter.org/membership

Signature: _____

Date: _____

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

For Office Use Only		Yearly Renewal - \$35 _____	New Member - \$35 _____
Input Info		Date Paid _____	
LGL Date: _____	Initials: _____	Cash _____	Check _____
Copilot Date: _____	Initials: _____	CC _____	Check # _____
C Contact Date: _____	Initials: _____		