



# KASC MEMBERSHIP APPLICATION

Application Date: \_\_\_\_\_

This form is available on our website at [www.kennettseiorcenter.org](http://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.\***

<b>*Name*</b>					
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

<b>*Household Income*</b> 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.	<b>*Are you a Veteran?*</b>	
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
			<b>*Do you live alone?*</b>	
			<b>*Do you have a disability?*</b>	

<b>*Physical Address*</b>	Add	<b>Mailing Address (if different from physical)</b>	Add
Please mark add or change:	Change	Please mark add or change:	Change
Street		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](mailto:kasc@kennettseiorcenter.org).

You may mail a check for your fee of \$40 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](http://www.kennettseiorcenter.org/membership)

\*Signature\*: \_\_\_\_\_

Date: \_\_\_\_\_

Kennett Area Senior Center • 427 South Walnut Street, Kennett Square, PA 19348 • 610-444-4819 • [www.kennettseiorcenter.org](http://www.kennettseiorcenter.org)

<b>For Office Use Only</b>		Yearly Renewal - \$40 _____	New Member - \$40 _____
Input Info		Date Paid _____	
LGL Date: _____	Initials: _____	Cash _____	Check _____
Copilot Date: _____	Initials: _____	CC _____	Check # _____
C Contact Date: _____	Initials: _____		