



Enjoy our many programs & services for just \$24 per person, per year!

Please return form to:
50 Directors Drive, Greenville, SC 29615
864-467-3660

Annual Membership Form

Name: \_\_\_\_\_ Date of Birth: (Required) \_\_\_\_\_

I am Renewing my membership, and my information has not changed.

Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Son/Daughter living closest to you: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please check all that apply:

Gender:

- Female
Male

Ethnicity:

- Caucasian
African American
Hispanic/Latino
Other: \_\_\_\_\_

I am currently:

- Single
Married
Widowed

I currently live:

- Alone
With Family
Other: \_\_\_\_\_
# in Household: \_\_\_\_\_

Please check all that apply:

- Retired
Still working Part-time
Still working Full-time
a Veteran
a Caregiver of a spouse or parent
Recently widowed

I would be interested in Volunteering for Senior Action: Yes No

Check the box below if you DO NOT want Senior Action to use your picture in their marketing materials.

No

How did you hear about Senior Action?

- Friend/Family Newspaper
Presentation Medical Professional
Used to be a Member in the past
Other: \_\_\_\_\_

Method of Payment:

Cash Check Debit Credit: Visa/Master Card/Discover
Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit Code: \_\_\_\_\_

I would like the ease & convenience of Auto-Pay for my annual membership. I have completed the authorization form & included a voided check.

\*As of July 1, 2011 - all memberships will be \$24 per person, per year.

OFFICE USE ONLY

- New Membership
Renewal Membership

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

Staff Initials: \_\_\_\_\_

In AIM: \_\_\_\_\_

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