



# Annual Membership Form

Take advantage of the many programs and services we have to offer.  
Please return this completed form with member signatures and payment.  
MAIL TO: Senior Action Membership, 50 Directors Drive, Greenville, SC 29615

## New Membership

## Renewal Membership

(Required)  
**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
**SOCIAL SECURITY #:** (Required) \_\_\_\_\_ **RETIRED**    yes    no  
**RACE:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_ **SINGLE**    **MARRIED**    **WIDOWED**    **DIVORCED**  
**DO YOU LIVE**    **ALONE**    **WITH FAMILY**    **OTHER**    **# IN HOUSEHOLD?** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
**DOCTOR'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

Signature below, please

I, \_\_\_\_\_ understand / consent to releasing personal information to Senior Action for the purpose of assessing my needs and developing services for me. I am assured that this information will remain confidential and will not be released beyond the expressed use of our agency.

**INDIVIDUAL MEMBERSHIP \$24**     **COUPLE MEMBERSHIP \$40** (Living in same household)

(Required)  
**ADDITIONAL NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_  
**SOCIAL SECURITY #:** (Required) \_\_\_\_\_ **RETIRED**    yes    no  
**RACE:** \_\_\_\_\_ **GENDER:** \_\_\_\_\_ **SINGLE**    **MARRIED**    **WIDOWED**    **DIVORCED**  
**DO YOU LIVE**    **ALONE**    **WITH FAMILY**    **OTHER**    **# IN HOUSEHOLD?** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_  
**DOCTOR'S NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
**EMERGENCY CONTACT NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_  
**HOME PHONE:** \_\_\_\_\_ **CELL PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

Signature below, please

I, \_\_\_\_\_ understand / consent to releasing personal information to Senior Action for the purpose of assessing my needs and developing services for me. I am assured that this information will remain confidential and will not be released beyond the expressed use of our agency.

**METHOD OF PAYMENT**     CASH     CHECK     VISA/MASTERCARD/AMERICAN EXPRESS

CREDIT CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_

### OFFICE USE ONLY

Date Rcvd \_\_\_\_\_

Individual \_\_\_\_\_ Couple \_\_\_\_\_

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