



**TIERRASANTA VILLAGE**  
**Of San Diego**  
*"Living for Today; Planning for Tomorrow"*

10601 Tierrasanta Blvd # G-405  
 San Diego, CA 92124  
 Web: [www.tierrasantavillage.org](http://www.tierrasantavillage.org)  
 E-mail: [tierrasantavlg@gmail.com](mailto:tierrasantavlg@gmail.com)  
 Phone: (858) 569-9119

## Membership Application

**\*\* (Annual Membership Period: Annually from Date Joined) \*\***

### Contact Information:

Date Paid: ____ / ____ / ____	Check # _____	Amount Paid: \$ _____
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<b>Applicant Name #1 (Primary):</b>	_____	_____	_____	<b>REQUIRED</b>	<input type="checkbox"/> M <input type="checkbox"/> F	Member # _____
	Last	First	Middle Name/Initial			(Assigned by Computer)
<b>Applicant Name #2 (Secondary):</b>	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	Member # _____	(Assigned by Computer)
	Last	First	Middle Name/Initial			
<b>Applicant Name #3:</b> (Second Secondary/Tertiary)	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	Member # _____	(Assigned by Computer)
	Last	First	Middle Name/Initial			

Member Type:  Individual  Household

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Date Joined: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Applicant #1 (Primary)		Applicant #2 (Secondary)	Applicant #3 (Second Secondary/Tertiary)
Address / PO Box:		N / A	N / A
State:	Zip code:	N / A	N / A
Home Phone [(xxx) xxx-xxxx]:		Home Phone [(xxx) xxx-xxxx]:	Home Phone [(xxx) xxx-xxxx]:
Cell Phone [(xxx) xxx-xxxx]:		Cell Phone [(xxx) xxx-xxxx]:	Cell Phone [(xxx) xxx-xxxx]:
Fax Phone [(xxx) xxx-xxxx]:		Fax Phone [(xxx) xxx-xxxx]:	Fax Phone [(xxx) xxx-xxxx]:
Email:		Email:	Email:

**Please be sure to complete the information on all of the following pages of this application!**



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Name - Applicant #1 (Primary)	Name - Applicant #2 (Secondary)	Name - Applicant #3 (2 <sup>nd</sup> Secondary/Tertiary)

**Additional Member Data:**

Additional Member Data:	Applicant #1 (Primary)	Applicant #2 (Secondary)	Applicant #3 (2 <sup>nd</sup> Secondary/Tertiary)
May we have your permission to place your photo in our Village related materials? <b>(Required)</b>	Y / N	Y / N	Y / N
Have you signed up for Jewish Family Service's (JFS) On-The-Go? <b>(Required)</b>	Y / N	Y / N	Y / N
<b>If YES</b> , Can you provide proof of payment to JFS for On-The-Go if requested by Admin?	Y / N	Y / N	Y / N
What is your employment status? <b>(Required)</b>	Full-Time / Part-Time / Retired	Full-Time / Part-Time / Retired	Full-Time / Part-Time / Retired
<b>If Working</b> , what type of work do you do?			
<b>If Retired</b> , in what year did you retire? <i>[Example: 2003]</i>			
<b>If Retired</b> , what type of work did you do?			
Do you have transportation? <b>(Required)</b>	Y / N	Y / N	Y / N
In addition to English, what other languages do you speak? <b>(Required)</b>			
Do you have special needs such as allergies, hearing or vision impairment, mobility devices (wheelchair, walker, cane)? <b>(Required)</b>	Y / N	Y / N	Y / N
Do you have access to email? <b>(Required)</b>	Y / N	Y / N	Y / N



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Name - Applicant #1 (Primary)	Name - Applicant #2 (Secondary)	Name - Applicant #3 (2 <sup>nd</sup> Secondary/Tertiary)

**Additional Contacts:**

**Emergency Contact #1:**

For Applicant #1	For Applicant #2	For Applicant #3
Name:		
Home Phone [(xxx) xxx-xxxx]:	Home Phone [(xxx) xxx-xxxx]:	Home Phone [(xxx) xxx-xxxx]:
Cell Phone [(xxx) xxx-xxxx]:	Cell Phone [(xxx) xxx-xxxx]:	Cell Phone [(xxx) xxx-xxxx]:
Email:	Email:	Email:
Relationship:	Relationship:	Relationship:

**Emergency Contact #2:**

For Applicant #1	For Applicant #2	For Applicant #3
Name:	Name:	Name:
Home Phone [(xxx) xxx-xxxx]:	Home Phone [(xxx) xxx-xxxx]:	Home Phone [(xxx) xxx-xxxx]:
Cell Phone [(xxx) xxx-xxxx]:	Cell Phone [(xxx) xxx-xxxx]:	Cell Phone [(xxx) xxx-xxxx]:
Email:	Email:	Email:
Relationship:	Relationship:	Relationship:



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Name - Applicant #1 (Primary)	Name - Applicant #2 (Secondary)	Name - Applicant #3 (2 <sup>nd</sup> Secondary/Tertiary)

### Member Directory – Visibility:

How would you like your membership contact information to appear in the Member Directory? **This is per household**, not each individual within the household. The following are your choices; please make only one selection by checking one of the check boxes below. **[NOTES: 1) Bio below also includes your photo if added); 2) Phone = Landline & Cell; for cell to not be shown, Admin has to be put it in "NOTES" – May we show your cell phone number in the Directory?  Yes  No]**

<input type="checkbox"/> Show all information (default) <input type="checkbox"/> Show all information, except email <input type="checkbox"/> Show name, city, state, bio, email, phone and work info; no address <input type="checkbox"/> Show name, city, state, bio, email and phone; no address or work info	<input type="checkbox"/> Show name, city, state, bio and email; no address, work info or phone <input type="checkbox"/> Show name, city, state and bio only; no contact information <input type="checkbox"/> Show name, city and state only; no bio or contact information <input type="checkbox"/> Do not list me in the directory
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### Member Directory – Birthdays (REQUIRED) & Anniversary (mm/dd/yyyy):

Applicant #1	Applicant #2	Applicant #3
Birthday: ____ / ____ / ____	Birthday: ____ / ____ / ____	Birthday: ____ / ____ / ____
Anniversary: ____ / ____ / ____		

### Signatures: (Secondary and Secondary Secondary/Tertiary only if applicable)

*Your signature indicates you have read all of the information in this application as well as understood and filled out all the other forms in your package. It also indicates that you will pay your full dues for the year.*

Primary Member:	Secondary Member:	Second Secondary/Tertiary Member:
Date Signed (mm/dd/yyyy):	Date Signed (mm/dd/yyyy):	Date Signed (mm/dd/yyyy):