



**CONFIDENTIAL**

**GOLETA SENIOR CENTER  
MEMBERSHIP REGISTRATION FORM**

**Office Use Only**

Date Rcvd \_\_\_\_\_  
Regular \_\_\_\_\_ Gold \_\_\_\_\_  
Renewal date \_\_\_\_\_

If you are a new member, or your membership has been expired for 30 days or more, please complete all fields.  
If you are a current member or your membership has been expired for less than 30 days,  
please complete only the fields in red, unless your information has changed.

*Please Print*

<b>Personal Information</b> (Renewals – please complete fields in red, unless you have changes)			
Last Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other		First Name	
		MI	
Nickname		Address	
Email		City	State
		Zip	
Home Phone		Cell Phone	Work Phone
I give my permission for the release of my contact information if requested by other members: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Demographics</b> (Renewals – please complete fields in red, unless you have changes)			
Birthdate (mm/dd/yyyy): ____/____/____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnic Group ( <i>optional</i> ): <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Caucasian <input type="checkbox"/> Other			
Present or former occupation:		Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Emergency Contact Information</b> (Please complete all fields)			
Emergency Contact Name		Relationship	
Home Phone		Cell phone	Work Phone
Doctor's Name			
<b>Membership Information</b> (Renewals – please complete fields in red)			
How did you hear about the Senior Center? <input type="checkbox"/> Area Business <input type="checkbox"/> Non-Profit <input type="checkbox"/> Church <input type="checkbox"/> Publication <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Website <input type="checkbox"/> Member _____ <input type="checkbox"/> Other _____			
Would you be interested in volunteering at the Senior Center? <input type="checkbox"/> Already a Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No			
Membership <input type="checkbox"/> Regular Membership \$10 <input type="checkbox"/> New <input type="checkbox"/> Renewal <b>12 Month Membership</b> ____ I have read, understand and agree to be bound by the Hold Harmless agreement of the Goleta Valley Community and Senior Center Init			
Applicant Signature			Date

The membership fee is non refundable. Payable to Goleta Valley Senior Center  
Cash or Check  
Return To : Goleta Valley Senior Center  
5679 Hollister Avenue Goleta, CA 93117 (805) 683-1124



5679 Hollister Avenue, Goleta, CA 93117  
(805) 683-1124 [www.thegvcc.org](http://www.thegvcc.org)

### **HOLD HARMLESS AGREEMENT**

The undersigned hereby agrees to protect, defend, indemnify, hold harmless and render whole the Goleta Valley Community Center and the Goleta Valley Senior Center, its officers, directors, employees, agents, volunteers and others involved, from and against any and all loss, liability, claim for injury, charges and expenses (except attorney's fees) and causes of action of whatsoever character which may arise by reason of participation in this program or in any way connected therewith.

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Print Name

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Print Address

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Signature

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Date