



Senior Citizens Center
 1102 Oxley St., South Pasadena, CA 91030
 Phone: (626) 403-7360

MEMBERSHIP REGISTRATION

Date:					
Name:					
Street Address:		City:		Zip Code:	
Telephone Number:					
Date of Birth:		Email Address:			

EMERGENCY CONTACT					
Primary Contact:		Relationship:		Phone:	
Medical Condition(s):					
Physician:				Phone:	

The Center does not share personal information or sell their mailings lists to anyone.

Note: South Pasadena Senior Center does not offer personalized services, medical care, or intensive supervision. By completing and signing a membership application, all applicants affirm that they are able and willing to participate. Members must also affirm that they are physically and mentally able to participate in basic Center activities and provide for their own personal care. Members who cannot do so independently but who can participate with assistance may do so with the understanding that a Member-Provided Caregiver or Assistant will be required and in attendance with the Member at all times while participating in any programming offered by the Center.

Signature:  **Date:** 

OFFICE USE ONLY			
Processed by: _____	Receipt # _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check # _____
Membership # _____	Issued Membership Card _____	Sportsman: _____	