

MOT Jean Birch Senior Center, Inc.
Membership Application / \$20.00 Annual Dues

Application date: _____

****Please Print Clearly****

Applicant One: (Mr., Mrs., Ms) _____ birth date: _____

Applicant Two: (Mr., Mrs., Ms) _____ birth date: _____

Mailing address: _____

Development name: _____

City: _____ State: _____ zip: _____

App. 1 - Home #: _____ cell: _____ e-mail: _____

App. 2 - Home #: _____ cell: _____ e-mail: _____

EMERGENCY INFORMATION

Contact: _____ relationship: _____

telephone: _____ cell: _____

address: _____

Doctor's Name: _____ phone: _____

Doctor's Name: _____ phone: _____

Information requested by funding sources*

ESTIMATED ANNUAL INCOME (please include both applicants):

below \$5,000 _____ \$5,000 - \$15,000 _____

\$15,000 - \$35,000 _____ \$35,000 + _____

ETHNICITY (please include both applicants):

App. 1 - African Amer. _____ Hispanic _____ Caucasian/White _____ Asian _____ Native Amer. _____ Other _____

App. 2 - African Amer. _____ Hispanic _____ Caucasian/White _____ Asian _____ Native Amer. _____ Other _____

App. 1 - VETERAN _____ Widower of a veteran _____

App. 2 - VETERAN _____ Widower of a veteran _____

HOUSEHOLD COMPOSITION

live alone _____ with spouse _____ with children _____ with other family _____

HOUSING: own home _____ rent _____ 55+ community _____

FOR OFFICE USE ONLY

Updated 7/2020

Bookkeeping: _____ Data Entry: _____ Reception: _____

Key tag card # _____ Mailing List: _____