



Senior Center, A Community Partnership

4200 Innslake Drive, Suite 101, Glen Allen, VA 23294 . 353-3171 . Fax: 353-0061

Hours: 8:30 a.m. - 4:00 p.m., Monday through Friday

Membership Application/Member Information Form

Membership is open to individuals age 50 and over. Annual Membership is for January-December.
The fee is \$85.00 per person or \$150 for two persons living in same household.

MEMBER CONTACT INFORMATION

Name: _____ Date of Birth: _____

Street Address: _____

City/County: _____ State: _____ Zip Code: _____

Home Phone No.: _____ Cell Phone No. (optional): _____

Email Address: _____

SPECIAL DIETARY AND OTHER NEEDS

EMERGENCY CONTACT

Name: _____

Relationship: _____

Street Address: _____

City/County: _____ State: _____ Zip Code: _____

Home Phone No.: _____ Cell Phone No. (optional): _____

PHYSICAL ACTIVITIES AND EXERCISES

My physician has approved my participation in physical activities and exercises (Statement attached if needed). I assume full responsibility for any injury or ailment that might result from my participation.

Signature: _____ **Date:** _____

Community Partners:

Bon Secours Health System, Virginia Hospital and Healthcare Association, Dominion Virginia Power, Central Virginia Bank, FeedMore, Inc., Genworth Foundation, Owens & Minor, Inc., Junior League of Richmond, YMCA of Greater Richmond, United Way of Greater Richmond and Petersburg, VCU Department of Gerontology, Senior Connections, The Capital Area Agency on Aging.