



Membership Enrollment Form

Young at Heart Activity Centers

349 Edgemont Avenue • Liberty SC 29657 864.855.3770

120 Commons Way • Central SC 29630 864.507.2245

250 Burns Road • Easley SC 29640 864.614.1280

www.pcmow.org

① Name:

First

Middle

Last

Home Phone: _____ Cell Phone: _____ Email: _____

Date of Birth (Required) _____

Month

Day

Year

Address: _____

Street

City

Zip

Emergency Contact

Name: _____ Relationship: _____

Contact's Address: _____

Street

City

Zip

Contact's Main Phone: _____ Contact's Email: _____

② I am interested in:

- Membership** (\$25 per year per individual/\$35 per couple) _____ **Central** or _____ **Easley** or _____ **Liberty**
- Wellness:** _____ Health Screenings _____ Fitness/Exercise _____ Support Groups _____ Educational Workshops
- Financial Security:** _____ Insurance _____ Financial Planning _____ Legal Services _____ Consumer Protection
- Lifestyle Activities:** _____ Arts/Crafts _____ Games _____ Music _____ Dance _____ Day Trips _____ Educational Classes
_____ Volunteer Opportunities _____ Other _____

③ Help Us Get to Know You Better

Gender: _____ Male _____ Female **Race:** _____ American Indian _____ Asian _____ Black _____ Pacific Islander _____ White

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

I am: _____ Single _____ Married _____ Widowed

I live: _____ Alone _____ With Friend/Roommate _____ With Spouse _____ With Children _____ With Other Family

Years Lived in this Area: _____ New to the Area _____ 1-5 Years _____ 6-15 Years _____ 15+ Years _____ All My Life

Please Turn Over and Fill Out the Reverse Side

Help Us Get to Know You Better(Continued)

I am: Retired Working A Caregiver of a Spouse or Parent

a Veteran, Branch Served: _____ Previous Occupation _____

How many children do you have if any? Children(#)_____; Grandchildren(#)_____

Do you have any pets? Yes No

If yes, please tell us more: _____

Name of place of worship, if any: _____

How did you hear about the Young at Heart Activity Center?

Website Presentation Friend/Family Other _____

Are there programs and/or services that you would like to see the Young at Heart program offer?

Do you have a special skill(s) that you would like to share as a course instructor or special presentation?

④ Photo Release

The Young at Heart Activity Center likes to include photographs of members enjoying life with each other in various publications, website and other social media. Please let us know by indicating below if you DO or DO NOT want the Young at Heart Activity Center/Meals on Wheels to use your picture in promotional pieces

It is OK to use my photograph in promotional pieces, including print and social media

Please do not use my photograph in any promotional pieces, including print and social media

⑤ Liability Waiver

I, the undersigned, being aware of my own health and physical condition, am voluntarily participating in activities at the Young at Heart Center and therefore have the knowledge that my participation in activities, exercise, and transportation services may be injurious to my health. Having such knowledge, I hereby acknowledge this release, and hold harmless any representatives, agents, and successors of Pickens County Meals on Wheels/Young at Heart Activity Center from liability for accidental injury or illness which I may incur as a result of participating in said activities. I hereby assume all risks associated therewith and consent to participant in said program(s). I agree to disclose any physical limitations, disabilities, ailments or impairments which may affect my ability to participate in said program, including activities and fitness activities.

Signature _____

Date _____

Office Use Only: Date Rec'd _____ Amount Paid _____ Credit Card_____, Cash_____, or Check# _____