



# 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](http://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# \_\_\_\_\_