

Waxahachie Senior Activity Center  
Membership Form

**City** \_\_\_\_\_

**Non-City** \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Residential Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_, Texas Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Mailing Address or Post Office Box if different from Residential Address**

Street or P.O. Box Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**If you are a Waxahachie Business owner and reside in the county, you are eligible for in-city membership dues. Proof of ownership is required to qualify.**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Tax Payer ID # or Resale # \_\_\_\_\_

FOR OFFICE USE ONLY					
My Senior Center Card ID #: X			ID CARD # 2:		
Receipt #:	Date:	Initials:	Receipt #:	Date:	Initials

**RACE:**

\_\_\_\_ American Indian/Native Alaskan      \_\_\_\_ Native Hawaiian/Other Pacific Islander

\_\_\_\_ Black/African American                      \_\_\_\_ White

\_\_\_\_ Asian    \_\_\_\_ Hispanic

\_\_\_\_ Other (Specify) \_\_\_\_\_

US Veteran    \_\_\_\_ Yes      \_\_\_\_ No

Do you live alone?                                      \_\_\_\_ Yes      \_\_\_\_ No

Are you Head of the Household?                      \_\_\_\_ Yes      \_\_\_\_ No

Is the income in your household below poverty level?      \_\_\_\_ Yes      \_\_\_\_ No  
*(Refer US Government Guidelines: staff will assist you)*

**Name of Emergency Contact:** \_\_\_\_\_

**Relationship of Contact:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**IN THE EVENT OF AN EMERGENCY, PLEASE LIST ANY MEDICAL CONDITIONS OR SEVERE ALLERGIES THE SENIOR CENTER STAFF AND/OR FIRST RESPONDERS WILL NEED TO BE AWARE OF:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Authorization**

I declare that I am 50 years of age or older and my date of birth listed above is correct to the best of my knowledge. I understand that the center has a grievance procedure posted that will tell me how to lodge a complaint in the event that I feel I am being discriminated against due to race, creed, sex, age, or national origin.

I understand that the information on this form may be used in statistical reports and hereby give my permission to use the information collected about me if it does not identify me personally by name.

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**Further, I grant my permission for the Waxahachie Senior Activity Center (WSAC) to use my name and reproduce my photograph and visual image for marketing material, including, but not limited to, paper reproductions and computer images displayed on the WSAC website or other internet websites on behalf of WSAC. I will not now, or any time in the future, receive any compensation or have any claim against WSAC for the use of my name or reproduction of my picture or visual image in its marketing material.**

**YES [ ] NO [ ]**

**(2019-2020) Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_