



DOWNTOWN OAKLAND SENIOR CENTER

200 Grand Ave ▪ Oakland, CA ▪ 94610

Tel: (510) 238-3284 ▪ Email: dosc@oaklandca.gov

Website: <https://www.oaklandca.gov/topics/downtown-oakland-senior-center>

****For Office Use Only****
Scan Card ID#: _____
Expiration Date: _____

MEMBERSHIP REGISTRATION - \$12.00 ANNUAL FEE

All information provided is used for member communication or in the event of an emergency.

PERSONAL INFORMATION (PLEASE PRINT)

First Name	MI	Last Name		
Do you have a different name you prefer?				
Mailing Address	Apt #	City	State	Zip
Home Phone: ()	Cell Phone: ()	Birthdate (mm/dd/yyyy):		
Email: _____ @ _____				

1 st Emergency Contact		2 nd Emergency Contact	
Name:		Name:	
Relationship:	Phone:	Relationship:	Phone:
Doctor's Name:	Phone:	Hospital:	
Do you have any access or functional needs (optional)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list:</i>		Do you require an accommodation for a disability (optional)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list:</i>	

DEMOGRAPHICS: *Used only for statistical reporting or grant applications.*

Ethnicity	<input type="checkbox"/> Hispanic/Latino/a/x	<input type="checkbox"/> Not Hispanic/Latino/a/x	<input type="checkbox"/> Unknown
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Race/Orgin: *Check all that apply*

<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Declined/Not Stated
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander	
<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Other: _____	

Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Gender Non-binary
	<input type="checkbox"/> Male	<input type="checkbox"/> Genderqueer	<input type="checkbox"/> Declined-to-State <input type="checkbox"/> Other: _____

DO YOU RECEIVE MEDI-CAL? <input type="checkbox"/> Yes <input type="checkbox"/> No	DO YOU RECEIVE MEDICARE? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Annual Income	<input type="checkbox"/> \$0-25k	<input type="checkbox"/> \$26k-35k	<input type="checkbox"/> \$36k-45k	<input type="checkbox"/> \$46k-60k	<input type="checkbox"/> \$61k-75k	<input type="checkbox"/> \$76k-90k	<input type="checkbox"/> \$90k +
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VOLUNTEER OPPORTUNITIES

Interested in volunteering at the Center? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>Interests:</i> <input type="checkbox"/> Special Events <input type="checkbox"/> Lunch Program <input type="checkbox"/> Reception <input type="checkbox"/> Consignment Shop

MEMBERSHIP INFORMATION

FOR OFFICE USE ONLY

<u>Step 1: Costs</u>		<u>Step 2: Payment Options</u>	
Membership	\$ 12.00	<input type="checkbox"/> Cash	Made payable to: City of Oakland
2021 Parking Permit <i>(Temporarily suspended)</i>	\$	<input type="checkbox"/> Check/Money Order #: _____	
Donation	\$		
Total Due	\$	Parking Permit # : <i>(optional)</i>	Auto License Plate #

I have received a copy of DOSC's parking policies and procedures and understand that any violations of the rules may result in the revocation of my parking permit.

MEMBER'S SIGNATURE: _____	DATE: _____
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