



# 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 <sup>st</sup> Emergency Contact		2 <sup>nd</sup> 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: <i>Used only for statistical reporting or grant applications.</i>				
<b>Ethnicity</b>	<input type="checkbox"/> Hispanic/Latino/a/x	<input type="checkbox"/> Not Hispanic/Latino/a/x	<input type="checkbox"/> Unknown	
<b>Race/Origin: Check all that apply</b>				
<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: _____			
<b>Gender</b>	<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		
<b>Annual Income</b>	<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 +
VOLUNTEER OPPORTUNITIES				
Interested in volunteering at the Center? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<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***				
<b>Step 1: Costs</b>		<b>Step 2: Payment Options</b>		
<b>Membership</b>	\$ <b>12.00</b>	<input type="checkbox"/> Cash		
<b>2021 Parking Permit</b> <i>(Temporarily suspended)</i>	\$ <b>0.00</b>	<input type="checkbox"/> Check/Money Order #: _____ <b>Made payable to: City of Oakland</b>		
<b>Donation</b>	\$	<input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Master		
<b>Total Due</b>	\$	<b>Parking Permit # :</b> <i>(optional)</i>		<b>Auto License Plate #</b>
<i>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.</i>				
<b>MEMBER'S SIGNATURE:</b>				<b>DATE:</b>