



# EAST OAKLAND SENIOR CENTER

9255 Edes Avenue ▪ Oakland, CA ▪ 94603

Tel: (510) 615-5731

Website: <https://www.oaklandca.gov/topics/east-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 (optional):	Phone:	Hospital (optional):		
Do you have any access or functional need (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 and 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	
Race/Origin: <i>Check all that apply</i>				
<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: _____			
<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 +			
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		
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				
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"/> Check/Money Order #: _____ <b>Made payable to: City of Oakland</b>  <input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Master		
<b>Donation</b>	<b>\$</b>			
<b>Total Due</b>	<b>\$</b>			
MEMBER'S SIGNATURE:			DATE:	