



# NORTH OAKLAND SENIOR CENTER

5714 Martin Luther King Jr. Way ▪ Oakland, CA ▪ 94609

Tel:(510) 597-5085

Website: <https://www.oaklandca.gov/topics/north-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: ( )	Birth (mm/yyyy):		
Email Address: @				
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 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	
Race/Origin: Check all that apply				
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Decline/Not Stated		
Gender				
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	<input type="checkbox"/> Genderqueer	<input type="checkbox"/> Gender Non-binary
<input type="checkbox"/> Decline-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				
Interests: <input type="checkbox"/> Special Events <input type="checkbox"/> Lunch Program <input type="checkbox"/> Reception <input type="checkbox"/> Plant Maintenance (inside) <input type="checkbox"/> Garden (outside)				
MEMBERSHIP INFORMATION				
***FOR OFFICE USE ONLY***				
Step 1: Costs		Step 2: Payment Options		
<b>Membership</b>	\$ 12.00	<input type="checkbox"/> Cash		
<b>Donation</b>	\$	<input type="checkbox"/> Check/Money Order #: _____		
<b>Total Due</b>	\$	<b>Make check payable to: North Oakland Senior Center</b>		
		<input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Master		
		Auto License Plate #		
MEMBER'S SIGNATURE:			DATE:	