



WEST OAKLAND SENIOR CENTER

1724 Adeline St. ■ Oakland, CA ■ 94607

Tel: (510) 238-7016

Website: <https://www.oaklandca.gov/topics/west-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 (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>				
Ethnicity	<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"/> 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: _____
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 +	
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				
Step 1: Costs		Step 2: Payment Options		
Membership	\$ 12.00	<input type="checkbox"/> Cash		
Donation	\$	<input type="checkbox"/> Check/Money Order #: _____		
Total Due	\$	Made payable to: City of Oakland		
		<input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Master		
MEMBER'S SIGNATURE:			DATE:	