



**HARVEST YEARS SENIOR CENTER, INC.**  
**MEMBERSHIP APPLICATION**

**MEMBERSHIP YEAR:**  NEW  RENEWAL

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIPCODE** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PHONE #** \_\_\_\_\_ **CELL #** \_\_\_\_\_

**MARITAL STATUS:**  MARRIED  WIDOWED  SINGLE \_\_\_\_\_

**EMERGENCY INFORMATION:**

**RELATIVE NAME:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**NEIGHBOR/FRIEND** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**DOCTOR'S NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**LIST ANY OTHER PHYSICAL/MENTAL PROBLEMS THAT THE CENTER NEEDS TO KNOW ABOUT:** \_\_\_\_\_

**KNOWN ALLERGIES:** \_\_\_\_\_

***WAIVER: I HEREBY RELEASE THE HARVEST YEARS SENIOR CENTER, INC. FROM ANY LIABILITY, OTHER THAN NEGLIGENCE, RESULTING FROM MY PARTICIPATION IN CENTER ACTIVITIES.***

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please return with \$10.00 annual dues to:  
HARVEST YEARS SENIOR CENTER  
30 SOUTH STREET, CAMDEN, DE 19934  
PHONE: 302-698-4285 FAX: 302-698-4286  
E-MAIL: hysc@comcast.net

**BELOW FOR OFFICE USE ONLY**

**PLEASE INITIAL ALL ENTRIES:**  INDEX \_\_\_\_\_  BIRTHDAY BOX \_\_\_\_\_

**DUES MONTH:** \_\_\_\_\_  LABEL \_\_\_\_\_  DUES BOOK \_\_\_\_\_

**DATE PAID:** \_\_\_\_\_  DATABASE \_\_\_\_\_  CARD ISSUED \_\_\_\_\_