HARVEST YEARS SENIOR CENTER

30 South Street Camden, DE 19934
(302) 698-4285 http://www.harvestyears.org

2027 Annual Membership Drive

Stay Active, Connected, and Inspired — Your Home Away from Home!

Annual Membership: Bargain Price of $25 USD / Calendar Year

Enjoy full access to our community, wellness programs, and social events all year long.

What Your Membership Includes:

- **Health & Wellness: Gentle exercise, chair yoga, Tai Chi, Line Dancing and routine health screenings.**
- **Programs: Transportation to doctor appts. Shopper program**
- **Social & Games: Bingo, Playing cards, Domino's, Phase 10, Rummikub**
- **Creative Learning: Arts and crafts, ceramics, paint-by-number, and computer assistance.**
- **Nutritious Meals: Weekday hot lunches**
- **Group Trips: Local outings to theaters, mystery trips and shopping trips.**

How to Join or Renew:

- **In Person: Stop by the front desk during office hours.**
  Monday – Friday 9:00 AM – 2:00 PM
- **By Phone: Call our office to register or print a form from website.**

Executive Director Thomas Bones: hysc@comcast.net
Activities Manager Diane Amoroso: hysc1@comcast.net

HARVEST YEARS SENIOR CENTER, INC.

30 SOUTH STREET, CAMDEN, DE 19934 PHONE: (302) 698-4285 – FAX: (302) 698-4286
E-MAIL ADDRESS: hysc@comcast.net WEBSITE: www.harvestyears.org

2027 ANNUAL MEMBERSHIP

$25.00

NAME _____ **DATE OF BIRTH** _____
NAME _____ **DATE OF BIRTH** _____
ADDRESS _____
CITY _____ **STATE** **ZIP CODE** **Rural or Non-Rural** _____
PHONE# _____ **CELL#** _____
E-MAIL ADDRESS: _____
EMERGENCY INFORMATION:
Name: _____ **Phone:** _____ **Relationship:** _____
LIST ANY PHYSICAL/MENTAL PROBLEMS THAT THE CENTER NEEDS TO KNOW ABOUT:
_____

NAPIS (National Aging Program Information System) Intake questions:
Living Arrangement: (circle one) Alone With someone
Marital Status: Married Widowed Single
Income Level: (circle one) Above poverty At or below poverty Refused to answer
(Circle one) Ethic Group: African American, Hispanic, Asian, Non-Minority (White, not of Hispanic Origin)

HOW DO YOU WANT YOUR NEWLETTER? MAIL -- PICK UP -- ONLINE

If, mailed would you please donate extra towards the cost of postage? YES NO

WAIVER: I HEREBY RELEASE THE HARVEST YEARS SENIOR CENTER, INC. FROM ANY LIABILITY, OTHER THAN NEGLIENCE, RESULTING FROM MY PARTICIPATING IN CENTER ACTIVITIES.
SIGNATURE: _____ **DATE:** _____

BELOW FOR OFFICE USE ONLY
Staff member - Initial all entries

Amount Paid _____ **Date Paid** _____ **FOB#** _____ **Index** _____

FOB # _____ **Access** _____ **Senior Space** _____

FORM OF PAYMENT: CASH CREDIT CARD _____ **HARVEST YEARS GOLD CARD CHECK** _____

9/2026