

COVID VACCINE: Yes or No

FLU SHOT: Yes or No

Veteran: Yes or No



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

ANNUAL DUES for 2021 \$20.00

NAME _____ **DATE OF BIRTH** _____

NAME _____ **DATE OF BIRTH** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____ **Rural or Non-Rural** _____

PHONE# _____ **CELL#** _____

E-MAIL ADDRESS: _____

MARITAL STATUS: Married _____ Widowed _____ Single _____

EMERGENCY INFORMATION:

Name: _____ **Phone:** _____ **Relationship:** _____

Doctor's Name: _____ **Phone:** _____

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

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 NEGLIGENCE, RESULTING FROM MY PARTICIPATING IN CENTER ACTIVITIES.

SIGNATURE: _____ **DATE:** _____

**** HIGHLIGHTED FIELDS MUST BE FILLED IN**

BELOW FOR OFFICE USE ONLY

Staff member - Initial all entries

Amount Paid _____ **Date Paid** _____ **Card Issued** _____ **Outlook** _____

Dues Screen _____ **Index** _____

Member # _____ **Access** _____ **Label** _____

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



DUES ARE DUE

January 1 – December 31, 2021

HARVEST YEARS SENIOR CENTER, INC.

30 South Street, Camden, DE 19934

www.harvestyears.org

DUES RENEWAL APPLICATION

****NAME:** _____
(PLEASE PRINT – First person)

****NAME:** _____
(PLEASE PRINT – Second person)

****Email address:** _____

DUES: JANUARY 1st TO DECEMBER 31ST YEAR: 2021

\$20.00 PER YEAR = ONE PERSON

Amount Paid: _____

Date Paid: _____

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

Would You Like to DONATE Money To Help Defray Cost of Mailing? Y N

ARE THERE CHANGES IN YOUR CURRENT INFORMATION Y N

****SIGNATURE:** _____

Card Issued: _____ Index: _____ Outlook: _____

Dues Screen: _____ Access: _____ Label: _____

FORM OF PAYMENT: CASH CHECK # _____ CREDIT CARD _____ HARVEST YEARS G/C

**** FIELDS WITH DOUBLE ASTERISK MUST BE FILLED IN**