



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 2022 \$20.00

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: _____

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

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)

Covid Shots: Yes or No

Flu Shots: Yes or No

Veteran: Yes or No

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:** _____

BELOW FOR OFFICE USE ONLY

Staff member - Initial all entries

Amount Paid _____ Date Paid _____

Card Issued _____ Outlook _____

FOB # _____

Dues Screen _____ Index _____

Access _____ Label _____

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



DUES ARE DUE

January 1 – December 31, 2022

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: 2022

\$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

Income Level: (circle one) Above poverty At or below poverty Refused to answer

(Circle one) Ethnic Group: African American, Hispanic, Asian, Non-Minority (White, not of Hispanic Origin)

Covid Shots: Yes or No

Flu Shots: Yes or No

Veteran: Yes or No

****SIGNATURE:** _____

Card Issued: _____ **Index:** _____ **Outlook:** _____

Dues Screen: _____ **Access:** _____ **LPI:** _____

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