



Senior Center Membership Application

Member Names

Today's Date

____ / ____ / ____

Home Address

Phone Number

Type of Membership

- Individual Annual (\$50)
- Couple Annual (\$75)
- Family Annual, up to four people (\$125)

I would like to be considered for a scholarship to cover my membership fee. By checking this box, I attest that my income is under \$14,580/year for a one-person household or \$19,720 for a two-person household.

I would like to contribute an additional \$50 to provide a membership for a local low-income senior.

Email (if you have one)

Payment Method

- Cash
- Check
- Credit Card

Make checks payable to Gold Country Community Services, then mail check and application to GCCS, PO Box 968, Grass Valley, CA 95945

To pay by credit card, please enter information below:

Name on Card

Credit Card #:

Expiration Date

3-Digit Code

Zip Code

Check here if you would like us to call you to process credit card payment by phone

Please sign reverse side of this page

Check here if you would like us to renew your membership annually

Release of Liability and Assumption of Risk Agreement

I hereby release the Gold Country Community Services California, its representatives, employees, volunteers, agents, assigns, officers, agents, and employees from any and all claims, obligations, choices of action, and liability of any kind, arising out of or connected with my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center. The consideration for this release is my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center. This release is intended as a full and complete release covering any possible claims, injuries or harm, contingent or otherwise, involving personal injury or property damage which may arise in connection with my participation in classes or activities at the Senior Center and entry to and use of any facilities or equipment at the Senior Center. I HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS ALL OF THE ENTITIES OR PERSONS MENTIONED ABOVE WHO MIGHT OTHERWISE BE LIABLE TO ME, OR MY HEIRS, PERSONAL REPRESENTATIVES, RELATIVES, SPOUSE, AND/OR ASSIGNS.

By writing or typing my full name below, I agree to the Liability Release

Signature

Date

Photo Release

I grant to Gold Country Senior Services, Inc., the permission to take statements from and/or photographs of me and my family in connection with the below-identified activity & location. I authorize Gold Country Senior Services, Inc., its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Gold Country Senior Services, Inc. may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

By writing or typing my full name below, I agree to the Photo Release

Signature

Date