

GOLETA VALLEY SENIOR CENTER

5679 Hollister Avenue
Goleta, CA 93117
(805) 683-1124

MEMBERSHIP APPLICATION

(please print)

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: (_____) _____

EMAIL ADDRESS: _____

PRIMARY PHYSICIAN: _____

MEDICAL CONDITIONS WE SHOULD KNOW ABOUT: _____

FOOD ALLERGIES: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: (_____) _____

The undersigned hereby agrees to defend, indemnify and hold harmless the Goleta Valley Community Center and the Goleta Valley Senior Center and its officers, employees, agents and others involved, from and against any and all loss, liability, charges and expenses (except attorney's fees) and causes of action of whatsoever character which may arise by reason of participation in this program or in any way connected therewith.

SIGNATURE: _____ DATE: _____

Donation Membership is \$10 for each member. Make checks payable to the **Goleta Valley Senior Center**. Donation memberships are due every calendar year in January.