



## 2017-2018 Membership Form

**Please fill out and mail back to CASI (1035 West Kimberly Road, Davenport, IA 52806) -or-  
at the CASI Front Desk Monday through Friday 8:00am to 5:00pm.**

**drop off form**

<b>Personal Information (please print)</b>				
First Name	Nickname (If preferred)	Last Name		
Street Address		City	State	Zip
County		Have you moved in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone Number		Cell Phone Number		
Date of Birth		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Email Address (We send out periodic emails to tell you all about what is going on at CASI)				
<b>Demographics</b>				
Ethnic Group: <input type="checkbox"/> White <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Latino <input type="checkbox"/> Other _____			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
<b>Emergency Contact Information</b>				
Emergency Contact Name		Relationship		
Primary Phone Number		Secondary Phone Number		
<b>Additional Information</b>				
Members Status: <input type="checkbox"/> Current Member <input type="checkbox"/> I'm new, I found out about CASI from (Please circle one): Website TV Friend Facebook Newsletter Other _____				
<b>Volunteer Information</b>				
<input type="checkbox"/> Yes, I am interested in volunteering at CASI! Please send me some available volunteer opportunities.				

<b>CASI Membership</b>		
<i>CASI Scholarships are available for those who qualify. Call 563-386-7477 for more details.</i>		
<b>Joining Option:</b>	<b>Fee:</b>	<b>Subtotal:</b>
Basic Yearly Individual Membership (Fitness Center membership not included)	\$30	\$
New Fitness Center Member One-Time Enrollment Fee	\$38*	\$
Fitness Center Individual One Month Membership	\$26	\$
Fitness Center Couple One Month Membership	\$46	\$
Fitness Center Individual Three Month Membership	\$75	\$
Fitness Center Couple Three Month Membership	\$110	\$
<i>*One-time enrollment fee of \$38 is applicable for new Fitness Center members which includes two sessions with Fitness Center staff and daily Low-Impact Exercise class (saves \$10 per week)</i>		
I would like to make a donation of \$_____ to CASI to help support the growth of services/activities to seniors in our area		\$
<b>Total Due:</b> (Payable to CASI by cash, check or credit card [credit card transactions must be made in person at the CASI Front Desk or by calling 563-386-7477])		\$
<b>Photo Release</b>		
<p>I grant to Center for Active Seniors (CASI), its representatives and employees the irrevocable right to use my name, voice and picture, portrait or photograph in all forms of media and in all manners for advertising or any other lawful purposes including educational, informational, or promotional purposes. I waive any right to inspect or approve the finished version/s including written copy that may be created in connection therewith. I further understand that ASI owns and/or is entitled to use the media in which my photograph, voice or likeness is stored, and there will be no restrictions on where or the number of times it is used.</p> <p style="text-align: center;"> <input type="checkbox"/> <b>Yes, I accept this photo release</b>  <input type="checkbox"/> <b>No, please do not use my photo</b> </p>		
_____ Printed Name	_____ Signature	_____ Date
<b>Release and Waiver of Liability</b>		
<p>I hereby, for myself, heirs, executors, and administrators, waive, release, discharge, covenant not to sue, and to hold harmless the Center for Active Seniors, Inc. from any and all claims for damages, demands and causes of action of every nature which I may have or which may hereafter accrue to me arising either directly or indirectly from my participation in, or use of, programs, activities and services, including but not limited to the Fitness Center at the Center for Active Seniors, Inc. in Davenport, Iowa.</p> <p>Please note that all information collected by the Center for Active Seniors, Inc., with the exception of personal medical information, is considered to be public record in the state of Iowa. The Center for Active Seniors, Inc. will only share membership information when compelled to by law.</p> <p style="text-align: center;"><b>I have read this release and waiver of liability and agree to and accept its terms:</b></p>		
_____ Printed Name	_____ Signature	_____ Date
<b>For Office Use Only:</b>		
My Senior Center ID #: _____ My Senior Center Date Entered: _____ Staff Initial: _____ eTapestry Date Entered: _____ Staff Initial: _____		