



Membership Form

OLDER PERSONS' COMMISSION

650 Letica Drive, Rochester, MI 48307 • 248.656.1403 • www.opcseniorcenter.org

Are you a resident of Rochester, Rochester Hills, or Oakland Township? Yes No

If no, are you a new nonresident member or renewing your membership? New Renew \$175 Single \$225 Married Couple

Please Print

First Name: _____ Middle Initial: _____ Last Name: _____

Nickname: _____ Birthdate: _____

Primary Phone: _____ Secondary Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Gender: Male Female

Marital Status: Single Married Spouse's Name: _____

Are you a Veteran? Yes No

EMERGENCY CONTACT INFORMATION (Provide up to 2 contacts)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PLEASE COMPLETE AND SIGN

Video, Photographic and Audio Release:

I hereby give permission for OPC to use my photo, videotape, and/or voice recording for any promotional materials, if taken while participating in any OPC program whether on or off site. Yes No

OPC Code of Conduct for Members and Guests:

Yes, I have read and/or received a copy of the OPC Code of Conduct Policy for Members and Guests and will abide by the policy.

Release of Claims:

I knowingly and willingly assume all risks in connection with participating in Older Persons' Commission (OPC) programs and activities whether on or off site. My health and physical condition is adequate to meet the physical requirements of activities in which I participate. I agree to hold OPC, its respective agents, instructors, volunteers, Board, and employees harmless for damages to person or property arising from my participation. In the event of an emergency, I authorize OPC to secure medical treatment deemed reasonable and necessary for my immediate care. I agree that I am responsible for payment of any medical services rendered to me.

Signature: _____ Date: _____

For Office Use Only:

Key Tag Number: _____

Joined Date: _____

Entered by: _____