



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 non-resident member or renewing your membership? New Renewing

Please print

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

Nickname: _____ Birthdate: ____/____/____ Gender: Male Female

Primary Phone: _____ Secondary Phone: _____ Email: _____

Address: _____ City: _____ State: ____ Zip: _____

Would you like to receive emails of upcoming programs and activities? Yes No

Marital Status: Single Married

If married, is your spouse a registered member? Yes No

Spouse's Name: _____

EMERGENCY CONTACT INFORMATION (Provide up to 2 contacts)

Name: _____ Relationship: _____ Phone: _____

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PLEASE COMPLETE THE FOLLOWING FOR STATISTICAL PURPOSES

Race: White Hispanic Black Pacific Islander Asian Other American Indian / Eskimo / Aleut

Is your annual household income below the 2015 poverty level income limits?
1 person = \$11,770 or 2 persons = \$15,930 Yes No

Are you a Veteran? Yes No Do you live alone? Yes No

PLEASE COMPLETE AND SIGN

Are you a current OPC volunteer? Yes No If no, are you interested in becoming a volunteer? Yes No

To help us better serve our members, please state any medical concerns and/or limitations (optional):

Blind Deaf Oxygen Scooter Walker Wheelchair Other _____

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: _____