



Parks & Community Services Department

Costa Mesa Senior Center

2020-2021 | Membership Form

MEMBERSHIP IS FREE AND IS OPEN TO ALL ADULTS AGE 50+

Please complete **both sides** of this form and sign upon completion. Membership Card photos will only be taken in person and will be issued upon receipt of this completed form. Please visit the front desk at the Costa Mesa Senior Center to acquire your card.

Completed forms may be

Dropped off or mailed to: Costa Mesa Senior Center, 695 W. 19th Street, Costa Mesa, CA 92627

Emailed to: cmseniorcenter@costamesaca.gov

PLEASE PRINT

Main Contact | Member 1 Information

Last Name: _____ First Name: _____

Date of Birth: _____ Age 62+ Yes No Sex: Female Male

Please select one: Hispanic/Latino Yes No

Please select one: White American Indian/Alaska Native Asian
 African American/Black Pacific Islander Other: _____

Are you a new member? Yes No Veteran? Yes No Costa Mesa Resident? Yes No

Spouse/Partner/Family Member 2 Information (if applicable)

Last Name: _____ First Name: _____

Date of Birth: _____ Age 62+ Yes No Sex: Female Male

Please select one: Hispanic/Latino Yes No

Please select one: White American Indian/Alaska Native Asian
 African American/Black Pacific Islander Other: _____

Are you a new member? Yes No Veteran? Yes No Costa Mesa Resident? Yes No

By signing below, you acknowledge the following statement: "I certify that the above information is true and correct and that documentation of this information will be provided, if requested."

Signature: _____ **Date:** _____

2020-2021| Membership Form

Additional Information

PLEASE PRINT

Address: _____ Apt # (If applicable): _____

City: _____ Zip: _____

Home Phone Number (_____) - _____ Cell Phone Number (_____) - _____

Main Contact Email: _____

Would you like to receive emails regarding activities at the Senior Center? Yes No

Emergency Contact: _____ Phone Number: (_____) - _____ Relationship: _____

Any known allergies or medical conditions? _____

Do you utilize an assistive device such as a walker, cane, or wheelchair? Yes No

How did you hear about the Costa Mesa Senior Center? Friend Newsletter Online Search
 Social Media Other: _____
 I am a returning/current member

How would you like to receive your newsletter? (Please select ONE)

U.S. mail

Save the earth! I would like the newsletter emailed to me (email address): _____

Save a stamp! I would like to pick up the newsletter at the Costa Mesa Senior Center.

Save time! I will view the newsletter online at: www.costamesaca.gov/seniorcenter

If you would like to update your information or be removed from our membership list at any time, call or email the Costa Mesa Senior Center at **(714) 327-7550** or **cmseniorcenter@costamesaca.gov**.

Thank you for taking the time to complete this form. We hope to see you soon!

FOR OFFICE USE ONLY

ACTIVENET

Entered By: _____

Date: _____

MEMBER LIST

Entered By: _____

Date: _____