

Membership No. \_\_\_\_\_

Picture No. \_\_\_\_\_



## Membership Information Form

Patrick Henry  
401 W. Pershing  
North Little Rock, Arkansas 72114

P: (501) 975-4297

F: (501) 537-0948

**Confidentiality:** Any confidential information requested is for our records and for the funding our Organization receives. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary.

### Member Information (Please Print )

<b>First Name:</b> <input type="text"/>		<b>Middle Name:</b> <input type="text"/>		<b>Last Name:</b> <input type="text"/>	
<b>Nick Name:</b> <input type="text"/>		<b>Birth Date:</b> <input type="text"/> / <input type="text"/> / <input type="text"/>			
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Ethnicity:</b> <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Other			
<b>Membership Type:</b> <input type="checkbox"/> Employee <input type="checkbox"/> Prime Timers <input type="checkbox"/> Short Timers		<b>Address:</b> (Line 1) <input type="text"/> (Line 2) <input type="text"/> (City) <input type="text"/> (State) <input type="text"/> (Zip) <input type="text"/>		<b>Address Type:</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____	
<b>Annual Income:</b> <input type="checkbox"/> \$09,000 or Below <input type="checkbox"/> \$09,001 - \$12,000 <input type="checkbox"/> \$12,001 - \$15,000 <input type="checkbox"/> \$15,001 - \$19,000 <input type="checkbox"/> \$19,001 - \$23,000 <input type="checkbox"/> \$23,001 - \$28,000 <input type="checkbox"/> \$28,001 - \$32,700 <input type="checkbox"/> \$32,701 - \$37,500 <input type="checkbox"/> \$37,501 - \$42,000 <input type="checkbox"/> \$42,000 and Above		<b>Phone Number:</b> ( ) <input type="text"/> - <input type="text"/> <input type="text"/> ( ) <input type="text"/> - <input type="text"/> <input type="text"/>		<b>Phone Type:</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____	
<b>Household Type:</b> <input type="checkbox"/> More Than Two Person <input type="checkbox"/> One Person <input type="checkbox"/> Two Person		<b>E-Mail Address:</b> <input type="text"/>			
		<b>E-Mail Type:</b> <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> _____			
		<b>Family Setting:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single			

PLEASE COMPLETE THE REVERSE SIDE, SIGN AND BRING TO THE CENTER WITH ANNUAL MEMBERSHIP FEE MON-FRI ONLY 8-4:30 FOR PRIME TIME AND 8-8 FOR SHORT TIME MEMBERS

<b>Physician:</b> <input style="width: 100%; height: 25px;" type="text"/>	<b>Physician Phone:</b> <input style="width: 100%; height: 25px;" type="text"/>	<b>Disabilities:</b> <input type="checkbox"/> Attendant Required <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Mobility Impaired <input type="checkbox"/> Sight Impaired <input type="checkbox"/> Other
<b>Physician Address:</b> <input style="width: 100%; height: 40px;" type="text"/>		
<b>Emergency Contact Name (Primary)</b> <input style="width: 100%; height: 25px;" type="text"/>	<b>Emergency Contact Phone</b> <input style="width: 100%; height: 25px;" type="text"/>	
<b>Emergency Contact Relationship</b> <input style="width: 100%; height: 25px;" type="text"/>	<b>Emergency Contact Cell Phone</b> <input style="width: 100%; height: 25px;" type="text"/>	
<b>Emergency Contact Name (Secondary)</b> <input style="width: 100%; height: 25px;" type="text"/>	<b>Emergency Contact Phone</b> <input style="width: 100%; height: 25px;" type="text"/>	
<b>Emergency Contact Relationship</b> <input style="width: 100%; height: 25px;" type="text"/>	<b>Emergency Contact Cell Phone</b> <input style="width: 100%; height: 25px;" type="text"/>	

I hereby apply for membership in the Patrick Henry Hays Senior Citizens Center. I acknowledge that the center is a fitness and activity center and that programs, events and equipment use is on a volunteer basis. I hereby hold the Patrick Henry Hays Senior Center, its staff and volunteers, the North Little Rock Senior Citizens Commission, the Senior Citizens Outreach, the Mayor, city officials, or city employees, and the City of North Little Rock harmless for any occurrence in conjunction with events and programs provided by The Hays Center.

My Application is for membership as:

Prime Timers \$35 yearly 8:00am to 4:30pm Monday through Friday,  
 Saturday 9:00am to 1:00pm and Sunday 2:00pm to 5:00pm

Short Timers \$150 yearly 7:00am to 8:00pm Monday through Friday,  
 Saturday 7:00am to 1:00pm and Sunday 12:00pm to 5:00pm

I further agree that membership is on a yearly basis, that fees in addition to membership may be charged for certain activities during the program year and that yearly fees may be changed by approval of the North Little Rock Senior Citizens Commission. I also agree that my membership may be revoked for just cause by the Director of the Hays Center and/or by his or her designee.

\_\_\_\_\_  
**Member's Signature**

\_\_\_\_\_  
**Date**