Patrick Henry Hays Senior Citizens Center Membership Application

401 W. Pershing Blvd. | North Little Rock, AR 72114
(501) 975-4297 | hayssenioreenter@nlr.ar.gov

Member Information

Member Number _____

First Name _____ Middle _____ Last _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____
(Home) *(Work)* *(Cell)*

Email Address _____

Birth Date ____/____/____ Gender ☐ Male ☐ Female

Ethnicity ☐ African American ☐ Asian American ☐ Caucasian ☐ Hispanic
☐ Multi-racial ☐ Native American ☐ Other _____

Emergency Contacts _____
Name *Phone Number* *Relationship*

_____
Name *Phone Number* *Relationship*

My Application is for:

☐ Core Hours Membership $35 yearly 8:00am–4:30pm Monday through Friday, Saturday 9:00am–1:00pm and Sunday 2:00pm–5:00pm

☐ Extended Hours Membership $150 yearly 7:00am–8:00pm Monday through Friday, Saturday 7:00am–1:00pm and Sunday 12:00pm–5:00pm

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 Citizens Center, its agents, staff and volunteers, the North Little Rock Senior Citizens Commission, Senior Citizens Outreach, the Mayor, city officials, city employees, and the City of North Little Rock harmless for any occurrence in conjunction with events and programs provided by the Hays Center.

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.

Applicant Signature _____ Date _____