

DEARDOFF SENIOR CITIZENS CENTER

Serving Greater Franklin Area Seniors since 1993

605 South River Street

Franklin, Ohio 45005

MEMBERSHIP APPLICATION

Please Print

Membership Date \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

E-mail address: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Widowed \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

List any major health conditions: \_\_\_\_\_

In case of an emergency, give two persons' name and phone numbers:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Do you have any special needs? Please list: \_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

Would you be interested in volunteering at the Senior Center? \_\_\_ Yes \_\_\_ No

I understand that while participating in the services/programs, I will participate at my own risk. I also agree to and hereby release and forever discharge the Walter & Audrey Deardoff Senior Citizens Center therefore and its officers, agents, or employees from or in any manner arising out of injury or damage which may be sustained in the aforementioned programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail completed application and check for \$15.00 to Deardoff Senior Center, 605 S. River Street, Franklin, Ohio 45005

Phone: (937) 743-8100

Fax: (937) 743-1030

E-mail: [deardoff60@sbcgobal.net](mailto:deardoff60@sbcgobal.net)

Web Site: [www.dsc45005.org](http://www.dsc45005.org)