

# New Member Registration Form

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
mm / dd / yy

Address: \_\_\_\_\_ City: \_\_\_\_\_

PO Code \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about us?

## Emergency Information

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any medical/health conditions we should be made aware of? **Yes** \_\_\_\_ **No** \_\_\_\_

If yes, please comment:

## Communication and Privacy Preferences

Your personal information will remain private and will never be shared or sold.

**Yes** **No**

*I give LSCO permission to send me emails in regards to program registration and notice of cancellations, new dates and to inform me of upcoming special events and classes.*

\_\_\_\_\_

We publish the names of our New Members in the LSCO Times, our monthly newspaper.  
*Can we publish your name?*

\_\_\_\_\_

From time to time we take pictures during LSCO programs or special events.  
*Can we publish your picture if it is taken?*

\_\_\_\_\_

By volunteering you help keep costs of meals, programs and services at reasonable rates.  
Volunteering at LSCO gives you an opportunity to reduce the cost of your membership.  
*I am interested in more information.*

\_\_\_\_\_

Would you like a Parking Pass for \$13.00 for a year? Benefit of unlimited parking in lot and westside of 11th Street by Civic Oval.

\_\_\_\_\_

Signature

Date

**Please print and return this form to the LSCO office or email it to Kari at [kmartin@lethseniors.com](mailto:kmartin@lethseniors.com)**

### For Office Use Only

Member #

Rec #

Programs

**TOTAL:**