

CSC Membership Form

PLEASE also READ and SIGN the BACK PAGE

512 Washington Street Chelsea, MI 48118 www.chelseaseniors.org **PHOTO RELEASE:** I give Chelsea Senior Center permission to use my photo and/or name for promotional purposes. **Initial here:** ______

Name:	
Date of Birth: Town	nship:
What CSC programs/activities/classes interest you? Are you interested in volunteering?	Sarden Special Events
Address:	
City: State: Zip:	
Home Phone: Cell Pho	one:
*EMAIL address:	For CSC use only .
Optional, requested for grant funding purposes only: Are you a Veteran? If so, what branch:	
EMERGENCY INFORMATION:	
Emergency Contact:	Relation:
Home Phone: Cell Ph	one:
Emergency Contact:	Relation:
Home Phone: Cell Ph	one:
NEWSLETTER DELIVERY: Please MAIL the newsletter to me. OR Please *EMAIL me the newsletter.	
For Office Use Only: Renewal New member	ership Member ID given Staff Initials
Paid: Mem\$ PB\$ Cash or Cr	redit card or Check#

Membership Guidelines:

Chelsea Senior Center (CSC) membership is good for twelve months from the date you join or

renew. Your membership renewal date is printed above your name on the newsletter mailing label

and the check-in screen at CSC will remind you to renew starting 30 days before your membership

expires. Membership benefits include newsletters and discounts on programs, classes, and travel. It

also lets our funders know that you support your senior center!

Members' Code of Conduct:

1. Help provide a friendly and inclusive environment.

2. Be courteous to other seniors, volunteers, visitors, and staff.

3. Promote civility through interactions.

By signing below, I support and agree that I will uphold these standards and expectations.

Class Cancellation:

The senior center reserves the right to cancel classes or programs for any reason including for low

enrollment and will provide refunds or credits when applicable.

Participation Waiver:

In consideration of being allowed to enroll and participate in senior center activities, programs,

and classes. I agree to personally assume all risks associated in such participation including any

sickness, harm, or injury that may result from my participation. I release Chelsea Senior Center, its

instructors, agents, employees and anyone affiliated with Chelsea Senior Center, whether paid or

unpaid, from liability for any injury or damage to me or my property resulting from my participation. I

understand and agree to hold harmless Chelsea Senior Center and will not file a claim or action

against the Chelsea Senior Center. This Agreement extends to my successors, heirs, and assigns.

Signature _____

Date _____

Chelsea Senior Center 512 Washington Street Chelsea, MI 48118

Tele: 734.475.9242 Website: www.chelseaseniors.org Email: connected@chelseaseniors.org