



GARDEN GROVE SENIOR CENTER 2023 - 2024 MEMBERSHIP FORM

The following information is for the purpose of service coordination & program evaluation.
Information will be kept confidential. We appreciate your assistance.

Member Information

Today's Date ____/____/____

Last Name: _____ First Name: _____
Address: _____ Apt./Sp: _____ ☐ No Permanent Address
City: _____ State: CA Zip Code: _____
Cell ☎:(____) ____ - _____ Home ☎:(____) ____ - _____
Birth date: ____/____/____ Age _____ Gender: ☐ Male ☐ Female
Month Day Year
Email: _____

Race (Check one option below)

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Amer. Indian/Alaskan Native & |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Black/African American |
| | <input type="checkbox"/> Other Multi-racial |

Ethnicity

Are you Hispanic/
Latino?

- ☐ Yes
☐ No

Do you speak English: ☐ Yes/ ☐ No

Primary Language (Check one option below)

- ☐ English
☐ Spanish
☐ Vietnamese
☐ Other (must specify): _____

Are you currently an active participant in any
of the following programs?

- | | |
|--|---|
| <input type="checkbox"/> Senior Transportation | <input type="checkbox"/> Home Delivered Meals |
| <input type="checkbox"/> Classes/Activities | <input type="checkbox"/> Volunteer Program |
| <input type="checkbox"/> Lunch Program | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Grab N Go | |

Do You Live:

- ☐ Alone
☐ With Spouse/Partner
☐ With Other Family Member
☐ Other

Marital Status:

- ☐ Married
☐ Divorced
☐ Widowed
☐ Single

What is your mode of transport to the Senior Center?

- ☐ Car ☐ Walking ☐ Bicycle
☐ ACCESS ☐ TAXI (Senior Mobility Program)
☐ Other: _____

ARE YOU DISABLED?

- ☐ YES ☐ NO

Do you have medical insurance ☐ YES ☐ NO

What type of Insurance do you currently have (check all that apply):

- ☐ Medicare ☐ Medi-Cal ☐ Private Insurance (specify): _____ ☐ No Insurance

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Garden Grove Senior Center Membership Form, Con't

Are there any medical conditions we need to be aware of?

In Case of an Emergency (illness, natural disaster, etc.), the following individuals can be contacted:

a) **Name:** _____ **Cell/Home** ☎: (____) ____ - ____

Relationship to participant: _____

b) **Name:** _____ **Cell/Home** ☎: (____) ____ - ____

Relationship to participant: _____

How did you hear about Garden Grove Senior Center?

☐ Online

☐ Friend/Relative

☐ Newsletter

☐ Other

How would you like to receive our newsletter? (Please select **ONE**)

☐ U.S. Mail (\$5 Annual Fee)

☐ Save the Stamp! I can pick-up my copy at the Garden Grove Senior Center or I can view it online at:
<https://ggcity.org/community-services/h-louis-lake-senior-center>

☐ Save the earth! You can email it to me at: _____

For office use only:

Registration Entered By: _____ Date: _____

Added to List Serve By: _____ Date: _____

Notes: _____