



## GARDEN GROVE SENIOR CENTER 2024 - 2025 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<br><input type="checkbox"/> Black / African American<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native & White<br><input type="checkbox"/> Asian & White<br><input type="checkbox"/> Black/African American & White<br><input type="checkbox"/> Amer. Indian/Alaskan Native & Black/African American<br><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: \_\_\_\_\_