

**HARRINGTON SENIOR CENTER, INC.**  
**102 Fleming Street Harrington De 19952**

**MEMBERSHIP APPLICATION**

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

Social Security Number (Last four digits only): XXX-XX-\_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth (Month, Day, Year): \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ (Date) \_\_\_\_\_ Widowed \_\_\_\_\_

Ethnic Group: \_\_\_\_\_ Caucasian \_\_\_\_\_ Native American \_\_\_\_\_ African American \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian/Pacific Islander

Choose One: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

Are You a Veteran? \_\_\_ Yes \_\_\_ No If yes, Branch of Service: \_\_\_\_\_

Income Level: \_\_\_\_\_ Above Poverty \_\_\_\_\_ At or Below Poverty \_\_\_\_\_ Refused to Answer

Do you have any Medical/Physical/Mental Issues you want us to be aware of?

(i.e. Diabetes, Heart Disease, etc.) Please list: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I would like to receive my newsletter via: \_\_\_\_\_ Email \_\_\_\_\_ Pick Up at Center \_\_\_\_\_ Mail

Emergency Contact:

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

**(PLEASE CONTINUE APPLICATION ON THE REVERSE SIDE)**

**Disclaimer:** Members participate independently in all services, activities, and programs at will. I hereby release Harrington Senior Center, Inc. from any liability resulting from my voluntary participation in programs, services, and activities.

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

**Photo Release:** I agree/disagree (circle one) to have my photo used to promote the center on any of the following: social media, web page, newsletter, newspaper, or promotional flyers.

\_\_\_\_\_ Initials

**Below is For Office Use Only:**

ID Verified? \_\_\_\_\_ Yes \_\_\_\_\_ No

Computer \_\_\_\_\_ Membership Card \_\_\_\_\_ New Member Luncheon Coupon \_\_\_\_\_

**Note:** All information gathered on this form regarding race, sex, age, is for the sole purpose of meeting local, state, and federal reporting guidelines. The Harrington Senior Center does not discriminate on the bases of any of the criteria.

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