

Culver City Senior Citizens Association

MEMBERSHIP REGISTRATION FORM 2020

OFFICE USE ONLY: New Member Date _____ Renewal Mailing Parking

Gym	<input type="checkbox"/> 6 mos.
	<input type="checkbox"/> 1 yr

Last Name	First Name	MI
_____ (90+ <input type="checkbox"/>)	Proof of Age: CDL <input type="checkbox"/> CID <input type="checkbox"/> Other <input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth		
_____ 1 st Phone #	_____ 2 nd Phone #	
Address	City	State
		Zip Code

EMERGENCY INFORMATION

Name	Relationship to member	1 st Phone #	2 nd Phone #
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MEDICAL HISTORY (check all that apply)

<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Stroke	<input type="checkbox"/> Emphysema	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Other
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Seizures	<input type="checkbox"/> Congestive Heart Failure	List: _____
<input type="checkbox"/> Kidney Failure	<input type="checkbox"/> Lung Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dementia	<input type="checkbox"/> HIV	_____

Drug Allergies: (Please List Clearly) _____

Primary Care Physician's Name & Phone Number _____

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