

Culver City Senior Citizens Association

MEMBERSHIP REGISTRATION FORM 2022

OFFICE USE ONLY: New Member Date _____ Renewal Mailing Parking

Gym 6 mos. 1 year

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

EMERGENCY INFORMATION

Table with 4 columns: Name, Relationship to member, 1st Phone #, 2nd Phone #

MEDICAL HISTORY (check all that apply)

- Heart Problems, Heart Attack, Stroke, Emphysema, High Blood Pressure, Covid-19 Vaccination, Tuberculosis, Asthma, Hepatitis, Seizures, Congestive Heart Failure, Other, Kidney Failure, Lung Disease, Diabetes, Dementia, HIV

Drug Allergies: (Please List Clearly) _____

Primary Care Physician's Name & Phone Number _____

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