

Culver City Senior Citizens Association

MEMBERSHIP REGISTRATION FORM

OFFICE USE ONLY: New Member Date _____ Renewal Mailing Parking

Gym 6 mos.
 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"/> Non-Binary <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)

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

Drug Allergies: (Please List Clearly) _____

Primary Care Physician's Name & Phone Number _____

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