Culver City Senior Citizens Association MEMBERSHIP REGISTRATION FORM

OFFICE USE ONLY: New Member Date Pengwal Mailing Parking Gym						
OFFICE USE ONLY: New Member Date Renewal Mailing Parking 1					☐ 1 yr	
	Last Name	First Name		MI		
	D			🗆 -	. \square	
D.4. (D'.4)	(90+ 🗀)	Proof of Age: CDL CI	D L Other L Gender		nale 📙	
Date of Birth				Non-Binary		
	1st Phone #		2 nd Phone #			
	1" Filone #		2 * Filone #			
Address		City	State	Zip Code		
		City	State	Zip Code		
EMERGENCY INF	<u>ORMATION</u>					
Name	Re	lationship to member	1st Phone #	2 nd Ph	one #	
MEDICAL HISTO	RY (check all that apply)					
Heart Problems	Heart Attack	Stroke Emphysema	High Blood Pressure	Other		
Tuberculosis	Asthma	Hepatitis Seizures	Congestive Heart Failure			
Kidney Failure	Lung Disease	Diabetes Dementia	HIV Covid-19 Vaco	·		
•	_	i Diabetes i Dementia	Linv Li Covid-19 vacc	ination		
Drug Allergies: (Please List Clearly)						
Primary Care Physician's Name & Phone Number						
Culver City Senior Citizens Association						
MEMBERSHIP REGISTRATION FORM						
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