Culver City Senior Citizens Association
MEMBERSHIP REGISTRATION FORM 2020

OFFICE USE ONLY: New Member □ Date □ Renewal □ Mailing □ Parking □

Gym □ 6 mos. □ 1 yr

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

Name □ Relationship to member □ 1st Phone # □ 2nd Phone #

MEDICAL HISTORY (check all that apply):
□ Heart Problems □ Heart Attack □ Stroke □ Emphysema □ High Blood Pressure □ Other
□ Tuberculosis □ Asthma □ Hepatitis □ Seizures □ Congestive Heart Failure □ Other
□ Kidney Failure □ Lung Disease □ Diabetes □ Dementia □ HIV

List:

Drug Allergies: (Please List Clearly)

Primary Care Physician’s Name & Phone Number

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