

Culver City Senior Citizens Association

MEMBERSHIP REGISTRATION FORM 2019

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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