

# CoA Membership Application/Renewal Form

**INSTRUCTIONS:** Please complete Section I, Section II, sign and date the Waiver of Responsibility/Consent for Release of Information and also indicate which Center/Satellite you attend. The membership fee per year for an individual is \$10 and \$15 for a couple. If mailing, please enclose a completed membership form, include a self-addressed stamped envelope and a check made payable to the CoA. Your receipt for your payment and membership card(s) will be mailed to you.

**Mail to: Council on Aging, Inc., 600 Grand River, Port Huron, MI 48060.**

**SECTION I: PLEASE PRINT!**

Last Name: _____	First Name: _____	Birthdate: _____
Last Name: _____	First Name: _____	Birthdate: _____
Address: _____		Apt. # _____
City: _____	State: _____	Zip Code: _____
Phone Number: _____		Township: _____
E-mail Address(s) _____ / _____		

**SECTION II:**

Emergency Contact: _____	Phone Number: _____	Relationship: _____
Emergency Contact: _____	Phone Number: _____	Relationship: _____
Doctor's Name: _____		Phone Number: _____

**Waiver of Responsibility/Consent For Release of Information**

The undersigned hereby agrees to hold harmless and indemnify the Council on Aging, Inc., serving St. Clair County its agents and the Senior Center for any and all injuries that might occur in the preparation and performance of any volunteer services, activities and/or programs. I understand that services, activities and/or programs may take place at the homes of senior citizens, at the senior center, at satellite centers, or other arranged venues. The undersigned understands that in certain situations a medical release from the physician may be required regarding their ability to participate in a program/activity before participation is allowed.

The undersigned hereby gives consent for the use of their name, comments, photograph, and/or video image for the promotion of the Council on Aging's programs and services through displays, newspaper articles, brochures, videotapes and computer media. The use of their appearance by the Council on Aging, Inc., serving St. Clair County will not violate the rights to any person or organization and will not incur any liability for payment to any person or organization.

Signature	Date	Membership Number
Signature	Date	Membership Number

Center or Satellite you attend: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>		
Membership Number:	Expiration Date:	Date Processed:
Membership Number:	Expiration Date:	Date Processed:
Amount Received:	Receipt Number:	Processor's Initials: