



Membership Application and Waiver

Rate: \$32 single \$38 couple *Annually (January 1st to December 31st)*

Please Make Check Payable to: 1000 Southern Artery

Please Mail Check and Application to: 1000 Southern Artery, Quincy, MA 02169

INFORMATION

Check One: New Member Renewal

Primary Member's Name: _____

Birth Date: _____ Email: _____

Additional Member's Name: _____

Birth Date: _____ Email: _____

Mailing Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Primary Cell Phone: _____

Addl. Cell Phone: _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____

Relationship: _____ Phone: _____

SIGNATURE(S) REQUIRED

Waiver and Release of Liability:

I am aware of the activities that I am voluntarily participating in and I agree to assume any and all risks of bodily injury, property damage, whether those risks are known or unknown. I hereby release, forever discharge and agree to hold harmless the 1000 Southern Artery Senior Center, its director, employees and agents from all claims or liabilities of any kind relating to the participation of events at the 1000 Southern Artery Senior Center.

Primary Signature: _____ Addl. Member: _____

CENTER CONTACT INFORMATION

Phone: 617-471-1000 FAX: 617-481-7946

Address: 1000 Southern Artery

Quincy, MA 02169

Email: seniorcenter@1000sasc.org

OFFICE USE ONLY

Date Joined: _____

Amount Paid: _____

Check or Cash: _____

Entered System Date: _____