



Membership/Participation Application Form

New Membership Renewal

First Name	Middle Initial	Last Name
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PRIMARY CENTER SELECTION

Encore Experiences in Harleysville The PEAK Center in Lansdale

TYPE OF MEMBERSHIP/PARTICIPATION Make checks payable to: **GHNPS**

Individual Membership (\$40) Lifetime Individual Membership (\$250)
 Couple Membership (\$65) Lifetime Couple Membership (\$400)
 Participant
 I would like to make an additional, tax-deductible donation in the amount \$ _____

APPLICANT INFORMATION (If you are renewing your membership, please complete only if your info has changed.)

Date of Birth (mm/dd/yyyy) / /	Social Security (last 4 digits) XXX/XX/____	Nickname (if applicable)
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Home Phone	Cell Phone
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Email

Address	Apt. #
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City	State	Zip
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County	Township/Borough	Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is the address above your mailing address? Yes No
 If NO, what is your mailing address?

Do you live in a rural area?
 Yes No

Address	Apt. #
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City	State	Zip
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BIRTH GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	GENDER IDENTITY <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other _____ <input type="checkbox"/> Choose not to disclose	VETERAN <input type="checkbox"/> Yes <input type="checkbox"/> No	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Other _____
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ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Choose not to disclose	RACE <i>(Check all that apply)</i> <input type="checkbox"/> Black/African American <input type="checkbox"/> White, Non-Hispanic	<input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White-Hispanic <input type="checkbox"/> Biracial
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EMERGENCY CONTACT

Full Name	Relationship	Full Address
Primary Phone	Secondary Phone	
Email		

TELL US MORE ABOUT YOURSELF

Do you belong to a faith community? Yes No If yes, which one? _____

Do you currently volunteer in the community or did you in the past? Yes No

If yes, where? _____

Would you be interested in volunteering at one of our centers? Yes No

Would you be interested in teaching a class at one of our centers? Yes No

What is your favorite hobby? _____

Do you have online access to attend virtual classes? Yes No

How did you hear about us? Member Website Internet Search Facebook Instagram

YouTube Word of Mouth Flyer Other _____

RELEASES

I give my permission to use my image in photographic or video form for marketing and promotional purposes in print or online.

Yes No

DISCLAIMER: Greater Harleysville and North Penn Senior Services, the parent organization to Encore Experiences and The PEAK Center, welcomes all individuals regardless of race, color, nationality, religion, disability, sex, or sexual orientation. Members and Participants engage independently in all services, activities and programs, at will. As such, I hereby release GHPSS and their class instructors from any liability resulting from my voluntary involvement.

Member/Participant Signature _____ Date _____

FOR OFFICE USE ONLY

PMF-2023

Amount Paid \$ _____ Cash Check # _____ Credit (last 4) _____

Entered into CoPilot by _____ Date Entered _____

Scan Card Given? Yes No Scan Card Number: _____

Coupon Sheet Given? Yes No Membership Term: ____/____/____ to ____/____/____