



Membership/Participation Application Form

PRIMARY CENTER SELECTION

- Encore Experiences in Harleysville
 The PEAK Center in Lansdale

TYPE OF MEMBERSHIP/PARTICIPATION

Make checks payable to: **GHNPS**

- Individual Membership (\$36)
 Lifetime Individual Membership (\$250)
- Couple Membership (\$60)
 Lifetime Couple Membership (\$450)
- Participant
- I would like to make an additional, tax-deductible donation in the amount \$ _____

APPLICANT INFORMATION

| | | |
|------------|----------------|-----------|
| First Name | Middle Initial | Last Name |
|------------|----------------|-----------|

| | | |
|-----------------------------------|--|--------------------------|
| Date of Birth (mm/dd/yyyy) / / | Social Security (last 4 digits) XXX/XX/ _ _ _ _ | Nickname (if applicable) |
|-----------------------------------|--|--------------------------|

| | |
|------------|------------|
| Home Phone | Cell Phone |
|------------|------------|

| |
|-------|
| Email |
|-------|

| | |
|---------|--------|
| Address | Apt. # |
|---------|--------|

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

| | | |
|--------|------------------|--|
| County | Township/Borough | Do you live alone? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------|------------------|--|

Is the address above your mailing address? Yes No

If NO, what is your mailing address?

| | |
|---------|--------|
| Address | Apt. # |
|---------|--------|

| | | |
|------|-------|-----|
| City | State | Zip |
|------|-------|-----|

GENDER IDENTIFICATION

- Male
 Female

VETERAN

- Yes
 No

MARITAL STATUS

- Married Widowed Divorced
 Single Other _____

ETHNICITY

- Hispanic or Latino
 Not Hispanic or Latino

RACE (Check all that apply)

- White/Caucasian Black/African American
 Asian Native American Native Hawaiian/Other Pacific Islander
 Other _____

CONTINUED ON BACK

EMERGENCY CONTACT

| | | |
|------------|--------------|--------------|
| Full Name | Relationship | Full Address |
| Home Phone | Cell 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 from any liability resulting from my voluntary involvement.

Member/Participant Signature _____ Date _____

FOR OFFICE USE ONLY

PMF-0521

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

Entered into CoPilot by _____ Date Entered _____

Membership Packet Given? Yes No Scan Card Number _____