

**GHN PSS Participant/Member Form 7/1/2019-6/30/2020**

Circle One:                    The PEAK Center            Encore Experiences

Date: \_\_\_\_\_ Membership: \_\_\_\_\_ Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

\_\_\_\_\_ Participant - No Fee      \$3.00 Class fee

\_\_\_\_\_ Center Member -            \$36.00 Individual / \$60.00 Couple  
 (Newsletter Mailed, \$3 Class Fee, 6 class coupons, coupon sheet, priority for tax assistance, 1 free special lunch, chance for a \$25 gift card)

\_\_\_\_\_ Life Long Member - \$250.00 Individual / \$450.00 Couple  
 (Newsletter Mailed, \$3.00 Class Fee, 6 class coupons, coupon sheet, priority for tax assistance, 1 special event/year)

\_\_\_\_\_ Community Support Member - \$50

While participating in programs offered at GHN PSS, individual or group photographs may be taken to be used for promotional purposes. I give permission to be photographed. \_\_\_\_\_ (Initials for consent)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Township: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: Last Four Digits XXX-XX-\_\_\_\_-\_\_\_\_ **\*\*Required\*\***

**Ethnicity:**      \_\_\_\_\_ Hispanic      \_\_\_\_\_ Non-Hispanic

**Race:**      \_\_\_\_\_ American Indian/ Native Alaskan      \_\_\_\_\_ Black/African American  
                  \_\_\_\_\_ Native Hawaiian/Other Pacific Islander      \_\_\_\_\_ Non-Minority (White, Non Hispanic)  
                  \_\_\_\_\_ Asian                              \_\_\_\_\_ White-Hispanic                              \_\_\_\_\_ Other

Marital Status      \_\_\_\_\_ Married      \_\_\_\_\_ Widowed      \_\_\_\_\_ Divorced      \_\_\_\_\_ Single

Gender:      \_\_\_\_\_ Male      \_\_\_\_\_ Female                              Veteran:      Yes / No

**Household Income:**

1 Person Household:      \_\_\_\_\_ **Less than \$12,500**      \_\_\_\_\_ \$12,501 - \$33,499      \_\_\_\_\_ \$33,500 and greater

2 Person Household:      \_\_\_\_\_ **Less than \$16,900**      \_\_\_\_\_ \$16,901 - \$39,500      \_\_\_\_\_ \$39,501 and greater

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Telephone Numbers:** Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_ Coupons: \_\_\_\_ Yes \_\_\_\_ No      Scan Card #: \_\_\_\_\_