



West Medford Community Center

Application date _____

Personal Information

	ADULT APPLICANT 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	ADULT APPLICANT 2 <input type="checkbox"/> Male <input type="checkbox"/> Female
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____
Full Name		
By what first name to you wish to be addressed (if different from above)?		
Memberships Fees	<input type="checkbox"/> Youth <input type="checkbox"/> Individual <input type="checkbox"/> Senior	<input type="checkbox"/> Family <input type="checkbox"/> Corporate
Youth (under 15 yrs.): \$15.00	Family: \$100.00	
Individual: \$25.00	Corporate: \$250.00	
Senior (over 55yrs.): \$20.00		
Special Accommodations needed	<input type="checkbox"/> Visual impairment <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____	<input type="checkbox"/> Visual impairment <input type="checkbox"/> Auditory impairment (assisted hearing devices) <input type="checkbox"/> Physically challenged <input type="checkbox"/> Other _____
Community Affiliations		

Contact Information

How would you like your name(s) to appear on WMCC mailings? We will do our best to accommodate your request within system capabilities.

Name(s): _____

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Cell Phone 1: _____ Cell Phone 2: _____

Email 1: _____ Email 2: _____

I would like to receive communications via email.

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Children's Information

	Child 1 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 2 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 3 <input type="checkbox"/> Male <input type="checkbox"/> Female	Child 4 <input type="checkbox"/> Male <input type="checkbox"/> Female
First and middle name				
Last name (if different)				
Birth date (and grade if applicable)				
Address (if not living with you)				

If you have more than four children, please attach an additional page.

Emergency Contact Information

Adult 1 Name: _____

Phone: _____ Relationship: _____

Address: _____ City: _____ State: _____

Dr. Name & Phone: _____

Health Care Proxy: _____

Adult 2 Name: _____

Phone: _____ Relationship: _____

Address: _____ City: _____ State: _____

Dr. Name & Phone: _____

Health Care Proxy: _____

Opportunity for Participation

We believe that joining the West Medford Community Center is a special commitment. We encourage all members to become involved in all aspects of life in our community. In furthering this ideal, we request that upon signing this application you consider giving of your time and talents.. Please indicate which of these areas interest you by checking the appropriate box or boxes. Your participation will help strengthen the community and will make your experience more meaningful. You will be contacted with more information.

- | | |
|--|---|
| <input type="checkbox"/> Youth Activities | <input type="checkbox"/> Holiday Celebrations and/or decoration |
| <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> Assisting with office work |
| <input type="checkbox"/> Social Action Projects | <input type="checkbox"/> Computer Instruction |
| <input type="checkbox"/> Communications & Publicity | <input type="checkbox"/> Bulletin Writing, Editing |
| <input type="checkbox"/> Maintenance & Building Repair | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Senior Activities | <input type="checkbox"/> Men's Club |

Talent and Interest Survey

- | | | | | | | |
|--------------------------------------|---------------------------------|-----------------------------------|------------------------------------|--|---|---------------------------------|
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Music | <input type="checkbox"/> Painting | <input type="checkbox"/> Gardening | <input type="checkbox"/> Electrical | <input type="checkbox"/> Public Relations | |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Baking | <input type="checkbox"/> Driving | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Sewing/Needlework | <input type="checkbox"/> Art | <input type="checkbox"/> Travel |
| <input type="checkbox"/> Other _____ | | | | | | |

What are your passions? What are your interests?