



DORCHESTER SENIORS, INC.
MEMBERSHIP REGISTRATION FORM

Faith Sellers Senior Center
312 North Laurel Street
Summerville, SC 29483
(843) 871-5053

David Sojourner Senior Center
5361 East Jim Bilton Blvd.
St. George, SC 29477
(843) 563-3709

Membership # _____ Dorchester Co. Residents –No Cost Out of County Residents-\$24.00 per year

Member Information		New Member _____ Renewal _____	
First Name _____	MI _____	Last Name _____	
Date of Birth _____	Gender: Male Female		
Address _____		County _____	
City _____	State _____	Zip Code _____	
Home Phone _____			
Cell Phone _____		E-mail _____	
Ethnic Group (Optional, but does assist with potential funding): African-American _____ Asian _____			
Hispanic _____ Caucasian _____ Native American _____ Other _____			
How did you hear about us? _____			

Emergency Information	
Name _____	Relationship to Member _____
Phone _____	Alternate Phone _____

Would you be interested in volunteer work at the Senior Center? Yes _____ No _____

I agree that Dorchester Seniors, Inc. will not be held liable for injuries or other loss which may occur as a result of my participation in Center activities, programs which includes the fitness room and fitness equipment and that I voluntarily assume the risk of any loss, injury or damage to person or property, which in any way arises out of participation in said activity.

Further, I agree to RELEASE, IDEMNIFY, AND HOLD HARMLESS Dorchester Seniors, Inc. from any and all claims, actions, demands, rights, judgments or expenses arising from or by reason of any and all known or unknown damages, claims or actions arising from participation in the above-described activity.

I hereby give permission for the Dorchester Seniors, Inc. to arrange for transportation to a hospital in the event of any injury, although I understand that Dorchester Seniors, Inc. assumes no responsibility to do so. I accept full financial responsibility for payment of any and all medical services rendered.

I hereby give Dorchester Seniors, Inc. permission to use my photograph for purposes of public relations. I agree the above information may be released in Emergency Situations ONLY.

My signature is receipt that I have received a copy of the Member Handbook and do hereby agree to abide by its rules.

Signature _____

Date _____

Renewal Date _____ Renewal Year _____

Out of County Fee \$24.00 Cash _____ Check _____

Member Number _____ Staff Initial _____

By signing this renewal I agree that information provided on the membership registration form is current and I have read and agree with the release and liability clause, which I previously completed and signed.

Member Signature _____

Renewal Date _____ Renewal Year _____

Out of County Fee \$24.00 Cash _____ Check _____

Member Number _____ Staff Initial _____

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