

Membership Application

Member # _____

Membership Type: _____

PERSONAL INFORMATION

First Name (Mr./Mrs./Ms.) _____ Last Name _____

Date of Birth _____ Age _____ Male Female

Ethnicity/Race: (Please check as many as apply.) Hispanic Latino American Indian/Alaska Native

Asian Black/African American Native Hawaiian or Other Pacific Islander White

Email _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employed by _____ Retired from _____ Not employed

Emergency Contact Name _____ Relation _____

Emergency Contact Phone _____

Referred By Member Physician Staff Other Name _____

Physician Name _____ City _____

Physician Phone _____

Have you served in the military? Yes Branch of Service _____ Dates of Service _____

Are you a student? Yes School _____ Transcript

Are you an Oak Hill employee? Yes

Are you an AARP member? Yes AARP # _____

How did you hear about Chapter 126? _____

When will we see you? Monday Tuesday Wednesday Thursday Friday Weekend

What time of day? Morning Afternoon Evening

How active do you consider yourself? Low Moderate High

What are your interests?

Fitness Sports Community Events Group Exercise Classes Personal Training Other: _____

Is there anything else you'd like to share with us?
