

DB	FOR OFFICE
XCL	USE ONLY

BROKEN ARROW SENIORS, INC.
1800 South Main Street
Broken Arrow, Oklahoma 74012
(918) 259-8377 Fax: (918) 251-9791

Membership Form

Date: _____ Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: **Home:** _____ **Cell:** _____ E-Mail: _____

DOB: _____ Gender: M ___ F ___ Marital Status (check one): Single: ___ Married: ___ Widowed: ___ Divorced: ___ Other: ___

I am: Caucasian ___ African American ___ Asian ___ Hispanic ___ Native American ___ Other ___

I currently live: Alone ___ With my spouse ___ With my children ___ Assisted ___ Other ___

Allergies? Y ___ N ___ If YES, please explain _____ Are you handicapped? Y ___ N ___

Do you have any health issues? _____

Will you need transportation to and from the activity center? Y ___ N ___ Would you be willing to serve as a volunteer at the activity center? Y ___ N ___

In case of emergency Broken Arrow Senior Center should contact the following local friend or nearest relative:

Name: _____ Relation: _____ Phone Number (area code): _____

I give Broken Arrow Seniors Inc. permission to use any pictures of me for promotional materials. Signature _____ Date: _____

Please select the annual membership level you prefer: Benefactor (\$200+) _____ Patron (\$100+) _____ Friend (\$50+) _____ Member (\$12) _____

Honorarium (Free!) _____ Note: Honorary Members must be 90 years of age or older

Thank You for Your Membership!