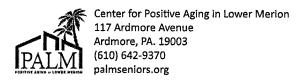


MEMBERSHIP FORM - CONTINUED

PLEASE PRINT CLEARLY

		EMERGENCY CO	ONTACT INFORMAT	TION			
Primary Contact Name:			Phone #:		Relationship:		
Secondary Contact Name:			Phone #:		Relationship:		
Doctor's Name:			Office #:		Cell #:		
CONGREGATE MEAL PARTICIPATION							
Have you had changes in the kind or amount of food eaten?							
Do you eat fewer than	☐ Yes		No				
Do you eat less than 5	Yes		No				
Do you eat less than 2	☐ Yes		No				
Do you have more tha	☐ Yes		No				
Do tooth or mouth pro	☐ Yes		No				
Do you sometimes not	☐ Yes		No				
Do you eat alone most	☐ Yes		No				
Do you take more thar	☐ Yes		No				
Have you lost or gained	☐ Yes		No				
Are you not always phy	Yes		No				
Would there be someone to help you shop, cook or eat if you needed help?							
Please check all the following categories that you are interested or proficient in							
Travel (Day)	Travel (Night)	Bridge	Pinochle	Quilti	ng	Sewing	
Crochet	Knitting	Weaving	Spanish	Creat	ive Writing	Fishing	
Table Games	Puzzles	Computers	Mah-Jong	Arts 8	& Crafts	Excercise	
Yoga	Gardening	Baking	Performing A	rts Singir	ng	Line Dancing	
Others Interests (Please Specify)							
		MEMBERSHI	P DONATION: \$25.0	00			
I would like to donate	THAN	K YOU! \$					
Endorse check payable	TOTAL	\$					
Name on Credit Card:				CSV # (On Back of Card):			
Card #:				Expiration Date:			
activities require phy	I acknowledge that I hysical exertion and the e, including, but not li	re are inherent and	significant risks associ	iated with thes	<u>e activities, b</u>	oth foreseeable and	
Signature: Date:							
		FOR OFFICIA	L OFFICE USE ONLY	/!		The second secon	
MEMBER I DAT	OTICIDANT Data En		Llaining Datas		Staff In	itiale	



MEMBERSHIP FORM

PLEASE PRINT CLEARLY

NEW MEMBERSHIP	RENEWAL MEMBERSHIP					
APPLICANT	INFORMATION					
First Name:	Middle Initial:					
Last Name:	Suffix:					
Address 1:	Address 2:					
City:	State: ZIP Code:					
Township, Borough	and County of Residence:					
Home Phone #:	Mobile Phone #:					
Date of Birth (MM/DD/YYYY):	Gender:					
Social Security # (LAST 4 DIGITS ONLY):	E-Mail Address:					
Please check off the following answers						
Ethnicity: American Indian Native Alaska	n Black-African American Native Hawaiian					
☐ White ☐ Hispanic	Other Pacific Islander Other					
Household: Lives Alone Lives With Spe	ouse Lives with other Family Lives With Child					
Other						
Martial Status: Married Widowed Legally Separated Divorced Single						
1 Person Household Less than \$11,000 \$11,000 - \$22,299 \$22,300 - \$33,499 \$33,500 and greater						
2 Person Household Less than \$15,000 \$15,000 - \$30	,299 \$30,300 - \$45,399 \$45,400 and greater					
Prescription Coverage PACE Card	Medicare Access Card Employer Plan					
(For statistical purposes only) PACENET Card	Medicare Drug Coverage None					
Veteran: Yes No Head of Household	Yes No Primary Language:					
Do you currently receive PA Property Tax / Rent Rebate? Yes No						
I understand that while participating in programs offered at The PAI or group photographs may be taken and used for promotional purp						
How did you hear Courier Insert Newspaper	Community Calendar Telephone Book					
about The PALM? Website Friend / Relati	Other					

Please turn over and complete the back side of this application. Thank you!