



Center for Positive Aging in Lower Merion
 117 Ardmore Avenue
 Ardmore, PA. 19003
 (610) 642-9370
 palmseniors.org

MEMBERSHIP FORM - CONTINUED

PLEASE PRINT CLEARLY

EMERGENCY CONTACT INFORMATION

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you eat fewer than 2 meals per day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you eat less than 5 servings of fruit and vegetables per day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you eat less than 2 servings of dairy products per day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have more than 3 alcoholic beverages per day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do tooth or mouth problems make it hard to eat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you sometimes not have enough money to buy food?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you eat alone most of the time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you take more than 3 prescribed or over-the-counter medications per day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you lost or gained 10 pounds in the last 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you not always physically able to shop, cook or feed yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would there be someone to help you shop, cook or eat if you needed help?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please check all the following categories that you are interested or proficient in.

<input type="checkbox"/> Travel (Day)	<input type="checkbox"/> Travel (Night)	<input type="checkbox"/> Bridge	<input type="checkbox"/> Pinochle	<input type="checkbox"/> Quilting	<input type="checkbox"/> Sewing
<input type="checkbox"/> Crochet	<input type="checkbox"/> Knitting	<input type="checkbox"/> Weaving	<input type="checkbox"/> Spanish	<input type="checkbox"/> Creative Writing	<input type="checkbox"/> Fishing
<input type="checkbox"/> Table Games	<input type="checkbox"/> Puzzles	<input type="checkbox"/> Computers	<input type="checkbox"/> Mah-Jong	<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Exercise
<input type="checkbox"/> Yoga	<input type="checkbox"/> Gardening	<input type="checkbox"/> Baking	<input type="checkbox"/> Performing Arts	<input type="checkbox"/> Singing	<input type="checkbox"/> Line Dancing
<input type="checkbox"/> Others Interests (Please Specify)					

MEMBERSHIP DONATION: \$25.00

I would like to donate to support the PALM and its programs with a tax-deductible gift.	THANK YOU! \$ _____
Endorse check payable to PALM or use your Discover, MasterCard or Visa Credit Card.	TOTAL \$ _____
Name on Credit Card:	CSV # (On Back of Card):
Card #:	Expiration Date:

By signing this form, I acknowledge that I have voluntarily applied to participate in activities at the PALM. I am aware some of these activities require physical exertion and there are inherent and significant risks associated with these activities, both foreseeable and unforeseeable, including, but not limited to, the potential for accidents, personal injury, death, and property damage.

Signature:	Date:
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FOR OFFICIAL OFFICE USE ONLY!

MEMBER	PARTICIPANT	Date Entered:	Joining Date:	Staff Initials:
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MEMBERSHIP FORM

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<input type="checkbox"/> NEW MEMBERSHIP		<input type="checkbox"/> 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: <input type="checkbox"/> American Indian <input type="checkbox"/> Native Alaskan <input type="checkbox"/> Black-African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Other _____			
Household: <input type="checkbox"/> Lives Alone <input type="checkbox"/> Lives With Spouse <input type="checkbox"/> Lives with other Family <input type="checkbox"/> Lives With Child <input type="checkbox"/> Other _____			
Martial Status: <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
1 Person Household <input type="checkbox"/> Less than \$11,000 <input type="checkbox"/> \$11,000 - \$22,299 <input type="checkbox"/> \$22,300 - \$33,499 <input type="checkbox"/> \$33,500 and greater			
2 Person Household <input type="checkbox"/> Less than \$15,000 <input type="checkbox"/> \$15,000 - \$30,299 <input type="checkbox"/> \$30,300 - \$45,399 <input type="checkbox"/> \$45,400 and greater			
Prescription Coverage <input type="checkbox"/> PACE Card <input type="checkbox"/> Medicare Access Card <input type="checkbox"/> Employer Plan (For statistical purposes only) <input type="checkbox"/> PACENET Card <input type="checkbox"/> Medicare Drug Coverage <input type="checkbox"/> None			
Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		Head of Household <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Language: _____			
Do you currently receive PA Property Tax / Rent Rebate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I understand that while participating in programs offered at The PALM Center, individuals or group photographs may be taken and used for promotional purposes. <input type="checkbox"/> I Accept <input type="checkbox"/> I DO NOT Accept			
How did you hear about The PALM? <input type="checkbox"/> Courier Insert <input type="checkbox"/> Newspaper <input type="checkbox"/> Community Calendar <input type="checkbox"/> Telephone Book <input type="checkbox"/> Website <input type="checkbox"/> Friend / Relative <input type="checkbox"/> Other _____			

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