



Active Generations Membership Application
 2300 West 46th Street
 Sioux Falls, South Dakota 57105-6628
 (605) 336-6722 Fax (605) 336-7471



Membership Application (please print) Date _____

Name: _____ Married Widowed Single Divorced

Last First MI Spouse name _____

Address: _____ Gender M F

Street/ PO Box City State Zip

Phone: ____/____/____ (daytime) Phone: ____/____/____ (evening) Phone: ____/____/____ (cell)

Birth date: _____ **Email Address:** _____

Month Day Year ____ I don't use email ____ I don't wish to disclose my email

Emergency Contact: _____ / _____

(Not someone who lives with you) Name Relationship Daytime Phone

Dr: _____ **Phone:** ____/____/____ **Hospital:** _____

Membership Profile

I learned about the Center from: _____

I have lived in Sioux Falls since: _____ I am joining because _____

Employment Status Full-time Part-time Self-Employed Retired Semi - Retired

Education: High School Some College Bachelor's Master's Ph D Medical /Dental

Foreign Language Fluency: Spanish German French Russian Other

Primary occupation/Expertise: _____

Membership Interests (check all you are interested in)

Cards 500 Bridge Canasta Cribbage Duplicate Bridge Hand & Foot Hearts
 Pinochle Pitch Texas Hold'em Whist Other: _____

Games Bingo Dominoes Mah Jongg Pool Scrabble Shuffleboard Table Tennis

Arts Crafts Creative Writing Drama Drawing Knitting Music Painting Quilting Woodcarving

Special Interest Book Club Caregiver Support Computer Club Educational Classes Fishing
 Grief Support Investment Club Photography Club Red Hat Club Single's Club Trips/Tours

Fitness Fitness Room Exercise Classes Biking Golf Hiking Horseshoes Skiing Volleyball

Dancing Ballroom Line Latin Square Tap Round **Computer Technology & Classes**

Fitness Assessment Yes, please call me to set up a free fitness assessment and fitness room orientation

Tell us something you are interested in that is not listed. _____

Volunteering

Active Generations depends on member's contributions of time and talents

Yes, I would like to volunteer at A.Gen. No, I am not interested in volunteering at this time.

For Office Use only:

Please date and initial: Accepted by: _____ Master File _____ Computer _____ Call _____ Follow -up _____ Copies to: _____