



# EAST OAKLAND SENIOR CENTER

9255 Edes Avenue | Oakland, CA 94603 | Tel: (510) 615-5731 | Email: EOSC@oaklandca.gov

Website: <https://www.oaklandca.gov/topics/east-oakland-senior-center>

## MEMBERSHIP REGISTRATION - \$12.00 ANNUAL FEE

All information provided is used for member communication or in the event of an emergency.

PERSONAL INFORMATION (PLEASE PRINT)				
First Name	MI	Last Name		
Do you have a different name you prefer?				
Mailing Address	Apt #	City	State	Zip
Home Phone: ( )	Cell Phone: ( )	Birthdate (mm/dd/yyyy):		
Email: @				
1 <sup>st</sup> Emergency Contact		2 <sup>nd</sup> Emergency Contact		
Name:		Name:		
Relationship:	Phone	Relationship:	Phone:	
Doctor's Name (optional):	Phone:	Hospital (optional):		
Do you have any access or functional need (optional)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list:</i>		Do you require an accommodation for a disability (optional)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list:</i>		
DEMOGRAPHICS: <i>Used only for statistical reporting and grant applications.</i>				
<b>Ethnicity</b>	<input type="checkbox"/> Hispanic/Latino/a/x	<input type="checkbox"/> Not Hispanic/Latino/a/x	<input type="checkbox"/> Unknown	
Race/Origin: Check all that apply				
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Declined/Not Stated		
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander			
<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Other: _____			
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender	<input type="checkbox"/> Gender Non-binary	
	<input type="checkbox"/> Male	<input type="checkbox"/> Genderqueer	<input type="checkbox"/> Declined-to-State	<input type="checkbox"/> Other: _____
Annual Income	<input type="checkbox"/> \$0-25k	<input type="checkbox"/> \$26k-35k	<input type="checkbox"/> \$36k-45k	<input type="checkbox"/> \$46k-60k
	<input type="checkbox"/> \$61k-75k	<input type="checkbox"/> \$76k-90k	<input type="checkbox"/> \$90k +	
DO YOU RECEIVE MEDI-CAL? <input type="checkbox"/> Yes <input type="checkbox"/> No		DO YOU RECEIVE MEDICARE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
VOLUNTEER OPPORTUNITIES				
Interested in volunteering at the Center? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Interests: <input type="checkbox"/> Special Events <input type="checkbox"/> Reception				
Member's Signature:			Date:	
By my signature, I acknowledge that I have read, understand, and agree to the City of Oakland Code of Conduct, Release and Waiver of Liability and Indemnity Agreement.				
***FOR OFFICE USE ONLY***				
<b>STEP 1: Costs</b>		<b>STEP 2: Payment Options</b>		<b>STEP 3: MySeniorCenter (MSC)</b>
Membership: \$ 12.00		<input type="checkbox"/> Cash		Key Tag #: _____
Donation: \$ _____		<input type="checkbox"/> Check   Cashier's   Money Order #: _____		Expiration Date: _____
Total Due: \$ _____		MADE PAYABLE TO: City of Oakland		Receipt #: _____
RECEIVED BY STAFF:			DATE:	

