

# MEMBERSHIP APPLICATION



**New Member / Renewal – \$15/Year\***

*\*Membership / Renewal Rate for 2021  
Email address is required to participate in  
Online Classes & Virtual Events in order  
to send Zoom link.*

**MEMBERSHIP FEES  
ARE NOT  
REFUNDABLE.**

**SCAN/Senior Citizens Activities Network  
Monmouth Mall, 180 Highway 35 South  
Eatontown, NJ 07724  
Tel: 732-542-1326 ~ www.scannj.org**

**NOTE: All information on this Form MUST be completed.**

## Member Information

Name:		Date of Birth:
Street:		Apartment #
City:	State	Zip Code
Primary Phone:	Secondary Phone:	
EMAIL:		

## Emergency Contact Information

Name:	
Street:	
City:	
State & Zip :	
Home Phone:	
Work Phone:	
Cell Phone:	
Email:	
Relationship:	

### How did you learn about SCAN?

Friend  Mailing  Library  Facebook  
 Newspaper  Other \_\_\_\_\_

### What type of classes would be of interest to you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Would you be interested in volunteering?

Yes  No

**\*\*\* YOU MUST COMPLETE THIS SECTION. SCAN COLLECTS THIS INFORMATION IN ORDER TO RECEIVE PRIVATE AND PUBLIC FUNDING. ALL INFORMATION IS KEPT CONFIDENTIAL.**

**Gender:**  Male  Female    **Marital Status:**  Married  Widowed  Single  Separated  Divorced

**Living Situation:**  Alone  With Spouse/Life Partner  With Adult Child  Other (specify) \_\_\_\_\_

**Race (check one):**  African-American  Hispanic  Asian  Caucasian  Other \_\_\_\_\_

**Veteran?**  Yes  No

**Household Income    Single person household:**     0 - \$15,613     \$15,614 and over

**Two person household:**     0 - \$19,750     \$19,751 and over

**Do you have any chronic or disabling health conditions:**  No  Yes

**What is the condition?** \_\_\_\_\_

**\*\*For your safety and for our Staff: you MUST either mail in or phone in ALL registrations.\*\***

Mail completed Membership Form with check made payable to SCAN:

Monmouth Mall, 180 Highway 35 South, Eatontown, NJ 07724 ~ Tel: 732.542.1326 ~ www.scannj.org

VISA     MasterCard    Card # \_\_\_\_\_    Exp Date: \_\_\_\_\_    Security # \_\_\_\_\_

Billing address on Card \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_    Date: \_\_\_\_\_

### SCAN OFFICE USE ONLY

Date received: \_\_\_\_\_

Date entered in SF: \_\_\_\_\_

Date entered in QB: \_\_\_\_\_