



# Market Place Cinema Senior Center

## Membership Application

3420 Clemson Boulevard Unit #17  
Anderson, SC 29621  
(864) 225-3370

Date of Membership: \_\_\_\_\_ • Membership Fee: \$\_\_\_\_\_ per year • Expires \_\_\_\_\_

Annual Membership Costs: \$25 Single • \$40 Couple • (Optional) \$20 Annual Fitness Center Dues

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed

Do you have a **Do Not Resuscitate** order? \_\_\_\_\_

**How did you hear about us?** Please Circle:

Newspaper, Friend/Family, Billboard, SENIOR Solutions Staff, Other \_\_\_\_\_.

Has your physician recommended any physical activity limitations? Yes\_\_\_ No \_\_\_

Are you on any life-altering medications? If so, please indicate: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

*IN CASE OF EMERGENCY, whom should we notify?*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Would you like to volunteer to instruct any classes or activities?  Yes  No

If so, please indicate:

\_\_\_\_\_

***Market Place Senior Center welcomes all seniors regardless of race, religion, sex, ethnic origin or handicap.  
All members attending the Center must be able to take care of their personal care needs and make independent decisions as they participate in the activities of the day.***

**-Please complete reverse side-**

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