



NORTH OAKLAND SENIOR CENTER

5714 Martin Luther King Jr. Way | Oakland, CA 94609 | (510) 597-5085 | NOSC@oaklandca.gov

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

MEMBERSHIP REGISTRATION - \$12.00 ANNUAL FEE

All information provided is confidential and used only 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 st Emergency Contact		2 nd Emergency Contact		
Name:		Name:		
Relationship:	Phone	Relationship:	Phone:	
Doctor's Name:	Phone:	Hospital:		
Do you have any access or functional needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list:</i>		Do you require an accommodation for a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list:</i>		
DEMOGRAPHICS: <i>Used for statistical reporting only</i>				
Ethnicity	<input type="checkbox"/> Hispanic/Latino/a/x		<input type="checkbox"/> Not Hispanic/Latino/a/x	
			<input type="checkbox"/> Unknown	
Race/Origin: <i>Check all that apply</i>				
<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: _____
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"/> Lunch Program <input type="checkbox"/> Reception <input type="checkbox"/> Plant Maintenance (Inside) <input type="checkbox"/> Garden (outside)				
MEMBER'S SIGNATURE:		DATE:		
FOR OFFICE USE ONLY				
STEP 1: Costs		STEP 2: Payment Options		STEP 3: MSC & Parking
Membership: \$ 12.00		<input type="checkbox"/> Cash		Key Tag #: _____
Donation: \$ _____		<input type="checkbox"/> Check Cashier's Check Money Order #: _____		Expiration Date: _____
Total Due: \$ _____		MADE PAYABLE TO: North Oakland Senior Center		Auto License: _____
RECEIVED BY STAFF:		DATE:		