

TOCO HILLS



Office Use Only:	
Date Rcvd: _____	Staff Initial: _____
Check # _____	\$ Amt: _____
Cash _____	\$ Amt: _____

TOCO HILLS NORC MEMBERSHIP APPLICATION > 2015-2016

\$50 SINGLE, \$75 COUPLE

MEMBER INFORMATION – PLEASE PRINT

Name:

Date of Birth: _____ Phone #: _____ Email: _____

Current Address:

City: _____ State: _____ Zip: _____

Do you: Own Rent Live with Family (Circle one) How long have you lived here?

Spouse / Partner Information (If joint membership)

Name:

Relationship:

Date of Birth: _____ Phone #: _____ Email: _____

EMERGENCY CONTACT (Not residing with you)

Name: _____ Relationship: _____

Address: _____ Phone: _____ Email: _____

City: _____ State: _____ Zip Code: _____

Financial Information

Some programs provide funding for low-income seniors. To determine eligibility for funding assistance, we request that you fill in your annual income in the next block. All information is confidential.	What is your annual income? \$ _____
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What Activities/Services are you interested in? ("X" by box)

Home Repairs:	Social Activities:	Volunteering:
Assistive Devices:	Educational Programs:	Asst. with Medical Expenses
Transportation Options:	Physical Activity Classes:	Other:
Lifeline	Health & Wellness Classes:	Outings/Trips

Disability

If you are disabled, please put an "X" in the appropriate space below.

Vision Impaired _____ Hearing Impaired _____	Mobility Impaired (use a walker or wheelchair) _____ Other? _____
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GENERAL RELEASE AND WAIVER OF LIABILITY FOR THE TOCO HILLS NORC

2015-2016

The NORC program is designed for persons 60+ who are independent and do not require any oversight or supervision. Many programs are self-directed or led by members including but not limited to the walking club and the additional monthly luncheon and classes not organized by staff.

By signing this waiver, you acknowledge that NORC staff may not be present during all advertised activities, you are voluntarily participating in this program and you agree to *waive any and all liability against the NORC for your participation in self-directed or member-led programs*. You further agree to disclose to the NORC staff any changes in your personal condition that would require oversight and supervision and make you no longer appropriate to participate in a program for independent adults.

I affirm that the information I have provided is true. By signing this agreement, I agree that I have read and understand this General Release and Waiver of Liability.

Date: _____
Name of Individual: _____
Address: _____
City, State, ZIP: _____
Signature of Member: _____
Signature of Joint Member: _____

**Please make your check for membership payable to: JFCS
Drop off or mail the completed application & your check to:
Toco Hills NORC > 1340 McConnell Dr. > Decatur, GA 30033**