

TOCO HILLS



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

TOCO HILLS NORC MEMBERSHIP APPLICATION > 2018-2019
\$75 SINGLE, \$100 COUPLE
MEMBER INFORMATION – PLEASE PRINT

Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____ County: _____

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

Date of Birth: _____ Phone: _____ Email: _____

Religious Affiliation: _____

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. <i>All information is confidential.</i>	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	Counseling Services
Transportation Options	Physical Activity Classes	Other:
Outings/Trips	Health & Wellness Classes	

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

2018-2019

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 exercise classes 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**