

West Chester Area Senior Center

Membership Application

530 East Union Street, West Chester, PA 19382 | (610) 431-4242 | www.wcseniors.org



Everyone is welcome. If the fee is a concern, confidential assistance is available—please let us

know.

Membership Level

- ☐ Individual – \$50/year (1 adult)
☐ Household – \$70/year (2 adults in the same household)

Member 1 (Primary)

Full Name			
Date of Birth		Phone	
Email			
Street Address			
City	State	ZIP	

Member 2 (if Household)

Full Name			
Date of Birth		Phone	
Email			

Emergency Contact

Name		Phone	
Relationship			

Required for Funding – Office of Aging

The following information is required by the Office of Aging for us to qualify for funding. All records are kept confidential.

- Disabled: ☐ Yes ☐ No High Nutritional Risk: ☐ Yes ☐ No
Live Alone: ☐ Yes ☐ No

Interests (check all that apply)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Fitness/Wellness | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Music/Drumming | <input type="checkbox"/> Language Classes |
| <input type="checkbox"/> Computer/Tech Help | <input type="checkbox"/> Volunteering | <input type="checkbox"/> Support Groups | <input type="checkbox"/> Book Club/Movies |

Preferred Communication

- ☐ Email ☐ Phone ☐ Mail

Payment

Amount Paid		Method	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Card
Optional Donation					

Participation Policy & Waiver Consent

The West Chester Area Senior Center (WCASC) is a community center designed to provide programs, activities, and services for older adults. We are **not a daycare facility**. This means that members are expected to be able to care for themselves while participating in activities, or to attend with a caregiver who can provide the level of assistance they may need.

By joining in WCASC programs and activities, I understand that there are always some inherent risks involved (for example, during exercise classes, outings, or social events). I agree to release WCASC, its staff, and its volunteers from responsibility for ordinary risks that come with participation.

I also understand that photographs or videos may be taken during activities and used by WCASC for educational, promotional, or fundraising purposes. If I do not wish to be included in photos or videos, I will let staff know at check-in and avoid group photos.

Please note: WCASC staff are not responsible for supervising or monitoring members' personal activities while on the premises.

Finally, WCASC is a **welcoming and inclusive space** for all. We celebrate and respect people of every race, nationality, ability, religion, sexual orientation, and gender identity. Intolerant or hateful speech or behavior will not be accepted.

☐ I consent to the Participation Policy and media use described above.

☐ I do NOT consent to photos/videos; I will notify staff at check-in.

Member Signature

Date

FOR OFFICE USE ONLY

Date Received: _____

Amount: _____

PAID BY: CASH ___ CREDIT CARD ___ CHECK ___

Entered into Donor Perfect _____