



Temple Senior Center
 280 ROME STREET TEMPLE, GA 30179
 O: 770-562-5565

Thank you for your interest in becoming a member of the Temple Senior Center. We kindly ask all prospective members to review the membership policy outlined below:

1) Membership Fee

- a. Payment of a membership fee grants members the opportunity to participate in various functions and activities offered by the Center. This includes, but is not limited to, discounted meals, classes, and group travel (with applicable travel costs covered).

2) Resident Fee

- a. A yearly membership fee of \$12 will be assessed for all residents of Temple. A resident is defined as any individual who holds a mailing address in Temple. For the purposes of this membership fee, there is no distinction between Temple City and Temple rural.

3) Non-Resident Fee

- a. A non-resident is defined as any person living in a surrounding town who does not have a Temple mailing address. Non-residents will be charged a membership fee of \$24 per year.

4) Current & New Members

- a. All current members, regardless of residency status, will be grandfathered in and will pay an annual fee of \$12. New members will be subject to a membership fee of either \$12 or \$24, based on their residency status.

5) Lunch Fee

- a. All members with current fees, both resident and non-resident, will be charged \$1 per meal. Members are welcome to bring a guest, who will be charged \$3 per meal.

6) Membership Fees - Fiscal Responsibility and Utilization

- a. Membership fees will be collected by the director of the Center and will be deposited into the general fund of the City of Temple. These fees will be utilized to help cover the operational costs of the Temple Senior Center.

Dedicated Team,

Cathlene Dowdell
Director of Operations
 770-562-5565

Shanekia Briskey
Director of Programming & Development
 770-562-5565



TEMPLE SENIOR CENTER

240 ROME STREET
TEMPLE, GA 30179

Temple Senior Center

280 ROME STREET TEMPLE, GA 30179

O: 770-562-5565

Membership Information

Please Print

PERSONAL INFORMATION

Last Name	First Name	Date	Sex	Date of Birth
			<input type="checkbox"/> M <input type="checkbox"/> F	
Home Address		City	State	Zip Code
Home Phone #		Cell Phone #	Email Address	
Temple Resident	Non-Resident	Military Service	Payment Method	
<input type="checkbox"/> Y <input type="checkbox"/> N or <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N or <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Online	

EMERGENCY CONTACTS

Name	Phone #	Relationship

PHYSICIAN INFORMATION

Physician Name	Business Name	Phone #

SPECIAL MEDICAL INSTRUCTIONS

--

PLEASE READ BEFORE SIGNING

Release: There may be, by participation in center activities, a risk of personal injury. By signing this waiver release form you are hereby acknowledging the risk. You are waiving your right to take legal action against the City of Temple, the Temple Senior Center, or any of the employees or volunteers working with our organization, for liability, should you incur an injury.

Consent of Treatment: I authorize such physician or medical staff as the Temple Senior Center may designate, to carry out any minor medical or surgical treatment and/or medication necessary, or to take me to the emergency room of the nearest hospital, and I further authorize the hospital and its medical staff to provide treatment deemed necessary by them for my well being. The physicians, employees and/or volunteers of the Temple Senior Center and/or City of Temple are hereby released, acquitted and discharged from any claim for damage or suit by reason including transportation to or from the event/or to any program, and in that regard, I hereby covenant that on my behalf not to file a claim or suit with respect to any such injury or damage against the above individuals, and I fully understand the provisions of the above releases. I hereby agree that I will be bound thereby.

ACKNOWLEDGEMENT

Signature of Member

Date

Print Name