

Keeping Young
while
Growing Older

OWASSO GOLDEN AGERS
301 South Cedar Street Owasso OK 74055
Membership Application

LAUGH
LOVE
LIVE

Name _____ Date of Birth _____
Address _____ City _____
State _____ Zip: _____ Email _____
Phone _____ Cell Phone _____
Spouse _____ Date of Birth _____

Emergency Contact Name _____
Address _____ City _____ Zip _____
Phone _____ Cell Phone _____
Relationship _____

Doctor _____ Phone _____
Hospital of Preference _____
Major Health Concerns: Diabetic? _____ Seizures? _____ Pacemaker? _____
Frequent Falls? _____ Use Cane? _____ Walker? _____ Wheelchair? _____
Other _____

- Areas of Interest:** Art Billiards/Snooker BINGO Cards—Bridge/Canasta/Pinochle
 Crafts Computers Cooking/Hospitality Exercises Gardening Genealogy
 Line Dancing Nutrition Lunch/Friday's Potluck Lunch MahJong Music - Piano/
Singing Quilting Senior Library Scrapbooking Tai Chi Teaching _____
 Trips Volunteering Other _____ Need Transportation?

Life Experience/Occupation: _____

I agree to indemnify and hold harmless the Owasso Golden Agers and it's agents against any and all claims resulting from my participation in the adult program. _____

Make check payable to **OWASSO GOLDEN AGERS** Annual Dues \$12.00

OFFICE USE ONLY:

Date Paid Check # / Cash Receipt# Date entered n MSC Initials—Staff/Vol.