



Comal County Senior Center Membership Application

Applicant Information

Full Name: _____ Date of Birth: _____
First M.I. Last

Phone: _____ Email _____

Are you a Veteran? Yes No Spouse of a Veteran? Yes No Marital Status: _____ Married _____ Single _____ Widowed

Spouse
Full Name: _____ Date of Birth: _____
First M.I. Last

Phone: _____ Email _____

Are you a Veteran? Yes No

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Emergency Contact Information

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Doctor: _____ Specialty: _____

Address: _____ Phone: _____

Membership Type

Basic Annual Individual Membership \$38 Basic Annual Couple Membership \$66

Winter Texan Individual Membership \$20 Winter Texan Couple Membership \$35

Liability Release

I assume any risk of harm or injury which might occur in any program at the Comal County Senior Citizens' Center facilities and grounds. I release any and all of the volunteers, instructors, staff, or representatives of the Comal County Senior Center from all liability, costs and damages which might arise from participation in any program.

Should my photo be taken at any of the Center activities, they have permission to use it for publicity purposes.

Signature: _____ Date: _____ Member Number: _____

Signature: _____ Date: _____ Member Number: _____

Employee: _____ Payment: _____ Cash _____ Check _____ Credit _____

***How did you hear about us:**
_____ Internet _____ Newspaper _____ Newsletter _____ Radio _____ Friend _____ Other _____ Event _____