



# KYLE AREA SENIOR ZONE (KASZ) MEMBERSHIP APPLICATION

Expires: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Are you a Veteran? \_\_\_ Spouse a Veteran? \_\_\_ Marital Status: \_\_\_ Married \_\_\_ Single \_\_\_ Widowed

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## ANNUAL MEMBERSHIP

Individual Membership: \$10.00

## LIABILITY RELEASE

I assume any risk of harm or injury which might occur in any program at the Kyle Area Senior Zone (KASZ) facility and grounds. I release any and all volunteers, instructors, staff, or representatives of KASZ from all liability, costs and damages, which might arise from participation in any program.

## PHOTO RELEASE

Should my photo be taken at any of the KASZ activities or events, they have permission to use it for publicity purposes.  Yes  No

### TELL US MORE:

1) What was your occupation before retirement? \_\_\_\_\_

2) What talents (sing, play, direct - choir, band, plays) can share with KASZ members?  
\_\_\_\_\_

3) Is there anything you can teach KASZ members? \_\_\_\_\_

4) Are you able and willing to volunteer, when needed? \_\_\_ Yes \_\_\_ No If so, what is your preference?  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board Member: \_\_\_\_\_ Date: \_\_\_\_\_ Payment: \_\_\_ Cash # \_\_\_\_\_ Check

\*How did you hear about us? \_\_\_ Internet \_\_\_ Newspaper \_\_\_ Newsletter \_\_\_ Radio \_\_\_ Friend \_\_\_ Other