



ANNUAL MEMBERSHIP APPLICATION

Office: _____

Member ID _____

KYLE AREA SENIOR ZONE (KASZ)

► Individual Membership \$10.00 per year ◀

Name: _____ Date of Birth: / / _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____ County: _____

Primary Phone: (____) _____ Cell Home

Secondary Phone: (____) _____ Cell Home

Email: _____

Permission to post DAY & MONTH of Birthday in KASZ Newsletter?
 YES NO

TELL US MORE:

1) Marital Status: ___Single ___Widowed___ Married [Spouse Name: _____]

2) Are you a Veteran? ___Yes ___No

3) What is your current or prior occupation(s)? _____

4) What talents and/or expertise might you share with KASZ members? _____

5) Are you able to volunteer, when needed? ___Yes ___No If so, what is your area of interest? _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

LIABILITY RELEASE & WAIVER

I assume any risk of harm, illness 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. I agree to abide by posted rules, warning or instructions by the KASZ, the venue where the event(s) are held and any government authority with respect to social distances, adherence to any dress code (including mandatory face coverings) and sanitation guidelines. I agree not to attend any event(s) if I'm diagnosed with or suspect that I may have been infected by COVID-19, or have been exposed to anyone having COVID-19, and in the event I become ill or suspect I have been infected with COVID-19, I agree to immediately discontinue your participation in the event(s) and alert the KASZ via text, e-mail or telephone.

Signature: _____ Date: _____

Board Member: _____ Date: _____ Payment: ___Cash # _____ Check

Office Use: __DB __MC __SS __NB __MI __NOTES _____