



55 Kip Center Membership Application

For office use only
Registration#
Car Permit #
Date Enrolled

Required Information

Name: Address:
City: State: Zip:

Telephone Number(s)

Home: Cell: Date of Birth:
Email: Sex/Gender:

Emergency Contacts

- 1. Name: Relationship
Phone: Home: Cell:
2. Name: Relationship
Phone: Home: Cell:

Your Doctor: Telephone:

Hospital:

Car (Model/Year/License Plate #):

*If you own a car and plan to drive to the center, a tag will be issued to you. The tag is only valid when the center is open and you must park in the designated are on the 3rd floor of the parking garage. Include all information about your car – model, year and license plate number.

Income Level: (Please select one. Required statistic)

Below \$12,060 (\$1005 monthly) for single/\$16,643 for couple (\$1353 monthly)
Above \$12,061 for single/\$16644 for couple.

Marital Status: Single Married Widowed Divorced

Household Composition: Live alone With others

Ethnicity : Not Hispanic/Latino Hispanic/Latino

Race: White Black/African American Asian American Indian
Other

Senior Housing Veteran of US Armed Service

Please inform the office of any changes to your information.

PLEASE SIGN ON REVERSE

On Privacy:

I understand that 55 Kip Center will make every attempt to respect my privacy and protect the confidentiality of the personal information provided. (Many of the questions are asked to provide statistical information to fulfil Federal and State regulations.)

On Membership:

There is an annual membership fee of \$15 (\$10 for Rutherford residents) that will entitle you to free parking on the 3rd floor for Center activities, opportunities to participate in activities and programs and the Center calendar and newsletter. Please make checks payable to: 55 Kip Center

I agree to follow 55 Kip Center’s rules and policies and understand that membership is a privilege and may be revoked at any time.

I grant 55 Kip Center permission to be photographed for the use of 55 Kip Center promotional materials.

Release of Liability

I will not hold 55 Kip Center responsible in case of any loss, damage, injury or death resulting from use of facilities or participation in activities away from 55 Kip Center.

You will be issued a key card on enrollment. Replacement cost for a lost card is \$5.00.

One parking permit will be issued. Replacement for lost or destroyed cards will be \$5.00.

I have read the notice of charges for replacement cards and permits. _____

Initials

Please sign your name

Date

**Please return to:
55 Kip Center
55 Kip Avenue
Rutherford, NJ 07070**

