

**55 Kip Center**  
**Customized Membership Plan**

For Office Use Only  
Registration # \_\_\_\_\_  
Car Permit # \_\_\_\_\_  
Date Enrolled \_\_\_\_\_

**I. Required Information**

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

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

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

Telephone Number(s):

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

**Emergency Contacts**

1. Name: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Your doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Medications: \_\_\_\_\_

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 area on the 3<sup>rd</sup> floor of the parking garage. Include *all* information about your car—model, year and license plate number.

**Enrollments** Please check all that apply:

\_\_\_\_ Medicare      \_\_\_\_ Social Security      \_\_\_\_ PAAD      \_\_\_\_ Veterans Benefits

\_\_\_\_ Medicaid      \_\_\_\_ SSI      \_\_\_\_ Senior Housing

**Income Level** \_\_\_\_ Below \$11,170 for single or \$15,130 for couple

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**Marital Status:** \_\_\_\_ Single      \_\_\_\_ Married      \_\_\_\_ Widowed      \_\_\_\_ Divorced

**Household Composition:** \_\_\_\_ Live alone      \_\_\_\_ With others

**Race or ethnicity:** \_\_\_\_ White      \_\_\_\_ Black/African American      \_\_\_\_ White/Hispanic      \_\_\_\_ Asian  
\_\_\_\_ American Indian      \_\_\_\_ Other

**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 fulfill 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 3<sup>rd</sup> floor, opportunities to participate in activities and programs and the Center calendar and newsletter. Please make checks payable to: 55 Kip Center. You will be issued a key card on enrollment.

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Date

Please sign your name

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