M.O.T. Senior Center

Membership Application / $20 Annual Dues

Application Date: _____ * Please print clearly*

Applicant One: _____ Birth Date: _____

Applicant Two: _____ Birth Date: _____

Mailing Address: _____

Development Name: _____

City: _____ State: _____ Zip: _____

Applicant 1: Home # _____ Cell #: _____ Email: _____

Applicant 2: Home # _____ Cell #: _____ Email: _____

EMERGENCY INFORMATION

Contact: _____ Relationship: _____

Telephone # _____ Cell #: _____

Address: _____

Applicant 1: Doctor's Name: _____ Phone #: _____

Applicant 2: Doctor's Name: _____ Phone #: _____

Information requested by funding sources Estimated Annual Income (Please include both applicants)

Below $5,000 _____ $5,000-$10,000 _____ $10,000-$15,000 _____

$15,000-$20,000 _____ $20,000-$25,000 _____ $25,000+ _____

Ethnicity (Please include both applicants)

Applicant 1: African Amer.: ___ Hispanic: ___ Caucasian/White: ___ Asian: ___ Native Amer.: ___ Other: ___

Applicant 2: African Amer.: ___ Hispanic: ___ Caucasian/White: ___ Asian: ___ Native Amer.: ___ Other: ___

Applicant 1: Veteran: _____ Widower of a Veteran: _____

Applicant 2: Veteran: _____ Widower of a Veteran: _____

Household Composition

Live Alone: _____ With Spouse: _____ With Children: _____ With other family: _____

Housing: Own home: _____ Rent: _____ 55+ community: _____

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***For office use only***

Updated: 1/30/2024

Key Tag # _____ Data Entry: _____ Reception: _____ Mailing List: ____ Bookkeeping:_____