



### PERSONAL INFORMATION

Full Name (PLEASE PRINT) : \_\_\_\_\_

Date Of Birth : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender :  Male  Female

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

Phone Number : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Silver Sneakers ID Number (opt.) : \_\_\_\_\_ Insurance Provider : \_\_\_\_\_

Member Status :  New  Existing  Returning

Do you use another Silver Sneakers location? :  Yes  No If you selected yes, please list this location : \_\_\_\_\_

*This space is where you can share notes*

Notes : \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

Contact Name : \_\_\_\_\_ Primary Number : \_\_\_\_\_

Relationship : \_\_\_\_\_ Secondary Number : \_\_\_\_\_

### OFFICE USE ONLY

Date Verified : \_\_\_\_\_ Membership Start Date : \_\_\_\_\_

Staff Name : \_\_\_\_\_ Staff Signature : \_\_\_\_\_

Notes : \_\_\_\_\_

#### More Information :

📍 1997 Marine Dr. Astoria, Or. 97103

☎ (503) 325-7027

🌐 [www.astoriaparks.com](http://www.astoriaparks.com)

**THANK YOU**

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**Peter Von Payens**  
Recreation Coordinator