LCCC
LICKING COUNTY COMMUNITY CENTER
FOR 60+ ADULTS

2027 Membership Form

Date: _____

New Membership $50/Person ☐

Membership Renewal $50/Person ☐

Voluntary Donation $_____

Members must live in Licking County

Last Name:_____ First Name: _____

Street:_____ City, Zip: _____

Email: _____ School District: _____

Preferred Contact Number: _____ Birth Date:____/_____/_____

Membership Payment (Circle one): CASH CHECK CREDIT CARD

Payment Amount Total: _____ Check Number:_____

Medical Information

This information is collected for members who attend any events, classes, trips, and activities with the Licking County Community Center. Please ask for clarification.

Emergency Contact: _____Emergency Contact Phone: _____

Any Special Restrictions: ☐ NO ☐ YES (Please note below)

_____

Areas of Interests

To provide high quality activities, we would love to know what your interests are! These could then someday be a part of our programs! Please list your ideas below:

_____

_____

*** Signature required on back of page.**

Descriptions of Volunteer Opportunities.

Please check any that may interest you.

☐ Baker: Brings in any type of dessert for lunches or special events.

☐ Donations: Donate supplies for lunches, events, etc. when requested.

☐ Dining Room: Help set tables for lunch and clean up afterwards.

☐ Lunch Helper: Assists with light food preparation (sandwiches, salad, etc.).

☐ Spreadsheet Assistance: Organizing data, survey results, etc.

☐ Welcome Desk: Greeting visitors, answering questions, making phone calls, taking membership forms and payments.

RELEASE AND WAIVER OF LIABILITY

Disclaimer: Understand that during wellness classes I participate in, certain risks and dangers may arise, including but not limited to regular stretching, balance issues, tripping, accidents, forces of nature, and illness. Take note some wellness classes may have uneven footing and rough terrain if moved outdoors. The Licking County Community Center for 60+ Adults, Inc. does not undertake responsibility for these uncontrollable forces. It does not have any responsibility for the accuracy of any information it provides or to determine or assure the suitability of any individual taking the wellness classes, in general, or as to a particular person of the wellness class. I affirm that I alone am responsible for deciding whether to participate in a wellness class. I, at this moment, irrevocably release and waive any claims that have now, or hereafter may have, against the Licking County Community Center for 60+ Adults, Inc.

_____

Signature

Thank you for filling out our membership form! By becoming a member at the LCCC you are giving us permission to use images taken while participating in LCCC events for marketing purposes.

Location: 537 Jones Road Granville, OH 43023 | Phone: 740-587-1333

Mailing: Please add P.O. Box 257 | Website: www.lickingcountycc.org