

D.L. HOPKINS JR. SENIOR CENTER MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Phone:

Email Address:

Current address:

City:

State:

ZIP Code:

DOB:

How long have you lived in Duncanville?

EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

PLEASE TAKE THIS QUICK SURVEY

1. What special themed events should the Center host? (Please be specific)
2. What is your dietary preference? _____ How much would you spend on a meal?
\$ _____
3. What kinds of exercise, health promotional class should the Center offer?
4. At what time are you more likely to attend the Center? ___ 8:00 – 12:00 ___ 12:00 – 4:00 ___ 4:00 – 7:00 ___ After 7p.m.
5. On what days are you likely to attend the Center? ___ Mon ___ Tue ___ Wed ___ Thur ___ Fri ___ Sat ___ Sun
6. What would make your membership worth the money?

HELP US BUILD A BETTER CENTER

If money was not an option, what would you like to see at a state of the art Senior Center?

SIGNATURE

Thank you for your membership and completing this survey. Please note this is a condensed version of the membership application. If you will participate in the meal program, please note you would need to complete a full membership application.

Signature of applicant:

Date:

Please feel free to add comments on the back or send us a letter or e-mail. We would love to hear from you.