The Center for Active Generations
2300 West 46th Street
Sioux Falls, South Dakota 57105-6628
(605) 336-6722 Fax (605) 336-7471

Membership Application (please print)

Date_____

Name: _____ __**Married** __**Widowed** __**Single** _**Divorced**
Last First MI

Spouse name _____

Address: _____Gender __M __F
Street/ PO Box City State Zip

Phone: ____/_____(*daytime*) Phone: ____/_____(*evening*) Phone: ____/_____(*cell*)

Birth date: _____ **Email Address**: _____
Month Day Year ___ I don't use email ___I don't wish to disclose my email

Emergency Contact: _____ _____ _____/_____
Name Relationship Daytime Phone

Dr: _____ **Phone:** _____/_____ **Hospital**: _____

Membership Profile

I learned about the Center from: _____

I have lived in Sioux Falls since: _____ **I am joining the Center because** _____

Employment Status ___ Full-time ____ Part-time ____ Self-Employed ____ Retired ____ Semi - Retired

Education: ___ High School ___ Some College ___Bachelor's ___ Master's ___ Ph D ___Medical /Dental

Foreign Language Fluency: ___Spanish ____ German ____ French ____Russian _____Other

Primary occupation/Expertise:_____

Membership Interests (check all you are interested in)

Cards ___ 500___Bridge___Canasta___Cribbage___Duplicate Bridge___Hand & Foot ___Hearts
___Pinochle___Pitch___Texas Hold'em___Whist ___ Other: _____

Games ___Bingo___Dominoes___Mah Jongg___Pool ___Scrabble___Shuffleboard__Table Tennis

Arts __ Crafts __Creative Writing__Drama___Drawing__Knitting__Music ___Painting__Quilting__Woodcarving

Special Interest___Book Club___Caregiver Support___Computer Club ___Educational Classes ___Fishing
___Grief Support___Investment Club___Photography Club___Red Hat Club__Single's Club___Trips/Tours

Fitness___Fitness Room ___Exercise Classes__ Biking __Golf ___Hiking__Hoseshoes____Skiing___Volleyball

Dancing___Ballroom__Line___Latin ___Square___Tap ___ Round ____**Computer Technology & Classes**

Fitness Assessment ___**Yes**, please call me to set up a **free** fitness assessment and fitness room orientation

Tell us something you are interested in that is not listed._____

Volunteering

The Center for Active Generations depends on member's contributions of time and talents

____**Yes**, I would like to volunteer at CFAG ____**No**, I am not interested in volunteering at this time.

For Office Use only:
Please date and initial: Accepted by: Master File Computer Call Follow -up Copies to: