

50+CENTER REGISTRATION FORM

Office use only
AIM ID: _____

Date of Birth: ____/____/____ **Last Name:** _____ **First Name:** _____

Middle Name (or Known As): _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email address:

Yes! Please email me the latest news and information.

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Race: (Check all that apply)

- White
- African American
- American Indian/Alaskan
- Asian
- Hawaiian/Pacific Islander
- 2 or more Races
- Other

Ethnicity: (Check one)

- Hispanic
- Non-Hispanic

Gender: (Check one)

- Female
- Male
- Decline, prefer not to answer

Living Arrangement:

(Please check)

Do you live alone?

- Yes
- No

Income: (Check one)

- Single, Below \$1012/month
- Single, Above \$1012/month
- Married, Below \$1372/month
- Married, Above \$1372/month
- Refuse to answer