



THE GATHERING PLACE AT KENNETT

MEMBERSHIP APPLICATION

Application Date: _____

This form is available on our website at gatheringplacekennett.org and may be completed and signed electronically OR you may print, handwrite and mail or drop off the application. All membership information provided is strictly confidential. ***Information required for membership and funding.***

Name				
Courtesy Title (Please mark one): Mr ___ Mrs ___ Miss ___ Ms ___ Dr ___ Rev ___ Hon ___ Other ___				
Last Name	First Name	Middle Name	Suffix	Name go by

Date of Birth:	_____	*Gender*:	_____	*Last four digits Social Security # *	_____
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Marital Status:	married	widow	divorced	separated	single	partner	other	
Housemate's Name(s):	_____							
Relationship(s):	husband	wife	son	daughter	brother	sister	partner	other

Ethnic Race	Black/African American	American Indian/Native Alaskan	
	WhiteHispanic	Native Hawaiian/Other Pacific Islander	
	Asian	Non- Minority (White, Non-Hispanic or Non-Latino)	
Ethnicity	Hispanic	Non Hispanic	Biracial

Household Income Please check the appropriate space below.			
SINGLE (Choose one) -	\$13,590 or higher/per year	Income information enables us to better inform you of available supportive services and will help determine the level of funding the center will receive from County, State and private sources.	
OR	\$13,589 or less/per year.		
COUPLE (Choose one) -	\$18,310 or higher/per year		
OR	\$18,309 or less/per year.		

Are you a Veteran?	Yes	No
Do you live alone?	Yes	No
Do you have a disability?	Yes	No

Physical Address	Add	Mailing Address (if different from physical)	Add
Please mark add or change:	Change	Please mark add or change:	Change
Street		Street	
_____	_____	_____	_____
City	State	Zip	City
_____	_____	_____	_____
State	Zip	City	State
_____	_____	_____	_____
County	*Municipality (i.e. Borough, Township, City)*		
_____	_____		

Phones and Email: *Either a home phone number or cell phone number is required*			
Home Phone:	_____	Cell Phone:	_____
Work Phone:	_____	Email Newsletter:	Yes No
Email:	_____		

How did you learn about us?:	KASC Member	Facebook	KASC Website	Friend/Relative
Other Organization, please specify	_____		Other	_____

***** More information on the other side. Your typed or signed signature is required. Please turn over, read, complete and sign on other side *****

What made you choose to support KASC through membership?: _____

Emergency Contact Information: (Please provide two emergency contacts.)

Name of contact: _____	Name of contact: _____
Relationship: _____	Relationship: _____
Work Phone: _____	Work Phone: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email Address: _____	Email Address: _____

Our Mission and Vision

We thank you for support through membership. Your membership fee helps to ensure that The Gathering Place achieves its' mission and vision.



MISSION STATEMENT

The Gathering Place at Kennett helps adults, age 55+ live healthy, active, and independent lifestyles.

VISION STATEMENT

Adults in our community have access to high-quality, low-cost, inter-generational lifelong learning services: health, fitness, and nutrition programs; activities that enhance brain power; and recreational and social events.

If you are completing this form electronically, please be sure to type your signature and the date. Save the completed form to your computer. You may then print and mail or drop it off or e-mail it to kasc@kennettseniorcenter.org

You may mail a check for your fee of \$40 to KASC, 427 S. Walnut St., Kennett Square, PA 19348 or pay securely on-line by visiting the membership page of our web site at: gatheringplacekennett.org/membership

***Signature*:** _____ **Date:** _____

The Gathering Place at Kennett • 427 South Walnut Street, Kennett Square, PA 19348 • 610-444-4819 • gatheringplacekennett.org

For Office Use Only		Yearly Renewal - \$40 _____	New Member - \$40 _____
Input Info		Date Paid _____	
LGL Date: _____	Initials: _____	Cash _____	Check _____
Copilot Date: _____	Initials: _____	CC _____	Check # _____
C Contact Date: _____	Initials: _____		