



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 ☐
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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 ☐

Ethnicity	Hispanic ☐	Non Hispanic ☐	Asian ☐	Non- Minority (White, Non-Hispanic or Non-Latino) ☐	Biracial ☐
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Household Income Please check the appropriate space below.
SINGLE (Choose one) - ☐ \$13,590 or higher/per year
OR ☐ \$13,589 or less/per year.
COUPLE (Choose one) - ☐ \$18,310 or higher/per year
OR ☐ \$18,309 or less/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.

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

Physical Address	Add ☐
Please mark add or change:	Change ☐

Street _____

City _____ State _____ Zip _____

County _____

Mailing Address (if different from physical)	Add ☐
Please mark add or change:	Change ☐

City _____ State _____ Zip _____

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?:	TGP Member ☐	Facebook ☐	TGP 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 us 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 info@gatheringplacekennett.org

You may mail a check for your fee of \$40 to The Gathering Place, 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

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