

Preble County Council on Aging 800 East St. Clair Street Eaton, OH 45320 937.456.4947 or 1.800.238.5146

MEMBERSHIP APPLICATION

First Name		MI	Last Nam	e		
Address		City		State	Zip Code	
County		Tow	nship (if applic	able)		
Phone ()						
Birthdate (mo/day/year)			Email			
Notify In Case Of E	Emergency:					
Name			Relationship			
Home Phone			Cell Phone			
Work Phone		_				
Please answer the following questions:				Race:		
Gender: □Male □ Female				☐ American ☐ Asian	Indian/Alaskan Native	
Number of persons in household		·	☐ Black/African American			
Marital Status: ☐ Married				☐ Other Rad		
Spouse's Name				☐ 2 or more	eraces	
Anniversary				☐ White		
month ☐ Divorced	day yea	r		Ethnicity: Hispanic/ not Hispa		
Limitations:				□ Unknown	•	
☐ Cane	\square Bed bound			_ Olikilowii		
☐ Walker	\square Hearing loss					
☐ Wheelchair	☐ Oxygen					
☐ Lift Needed	\square Visually impaired					
☐ Service animal						

Disclosure Statement: All information obtained will be kept confidential and no personal identifying information	ı
about you will be released to the public unless otherwise required under federal law. The information will be entered	
into a secure database and summarized data will be reported to the Administration on Aging. In cases of emergency,	
personal information may be released to first responders. If you have questions, ask the staff to explain why this is	
necessary.	
I grant permission for the Preble County Council on Aging and the news media to display and share electronically any photographs, videos, or other media of me for promotional purposes. I release the Preble County Council on Aging o any liability, claims, demands, damages, actions, and causes of actions arising from or connected in any way with the use of the photographs and/or video; and I understand that all such property is solely owned by the Preble County Council on Aging.	f
Signature Date	•

Membership Payment Schedule (to be completed by PCCOA staff)

Date Paid/Updated	Membership Year(s)	Amount Paid/How Paid
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