



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

Member ID: _____

**ONLY
\$10 per
year**

Membership Application

First Name: _____ MI _____ Last Name: _____

Address: _____ City/State/Zip: _____

County: _____ Township (if applicable): _____

Phone (____) _____ Cell Phone (____) _____ Text: Yes or No

Birth Date (mo/day/year): _____ Email: _____

NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Home Phone: _____ Cell #: _____ Work #: _____

Please Answer the following questions:

Gender: ☐ Male ☐ Female

Number of Persons in the Household: _____

Marital Status:

☐ Married

Spouse's Name: _____

Anniversary: _____

☐ Divorced

☐ Separated

☐ Never Married

☐ Widowed

Limitations:

☐ Cane

☐ Walker

☐ Wheelchair

☐ Lift Needed

☐ Service Animal

☐ Bed Bound

☐ Hearing Loss

☐ Oxygen

☐ Visually Impaired

☐ Other: _____

Race:

☐ American Indian/Alaskan Native

☐ Asian

☐ Black/African American

☐ Native Hawaiian/Pacific Islander

☐ Other Race

☐ 2 or more races

☐ White/Caucasian

Ethnicity:

☐ Hispanic/Latino

☐ Not Hispanic/Latino

☐ Unknown

**PLEASE TURN OVER AND
READ AND SIGN**

All information obtained will be kept confidential and no personal identifying information 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 any questions, ask the staff to explain why this is necessary.

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Date _____

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