



Membership Application

Member ID: _____

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

**PLEASE
PRINT**

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____ Township: _____

Home Phone (____) _____ Cell Phone (____) _____ Text: Y or N

Email: _____ Digital Newsletter: Y or N

Birthdate (mo/day/year): _____ Last 4 of SS #: _____

Notify in Case of Emergency:

Name: _____ Relationship: _____

Phone #: _____ Alt. Phone #: _____

Please answer the following questions:

Gender: Male Female

Number of Persons in Household: _____

Martial Status:

Married Spouse Name: _____

Anniversary: _____

Divorced Never Married

Separated Widowed

Limitations:

Cane Bedbound

Walker Hearing Loss

Wheelchair Oxygen

Lift Service Visually Impaired

Service Animal

Are you a Veteran? Yes or No **Branch:** _____

Year (s) of Service: _____ **Rank:** _____

Race:

American Indian/Alaskan Native

Asian

Black/African American

Native Hawaiian/Pacific Islander

Other Race

2 or more Races

White

Ethnicity:

Hispanic/Latino

Not Hispanic/Latino

Unknown

Pets:

Bird _____ Reptile _____

Cat _____ Other _____

Dog _____ _____

