



MOUNT EPHRAIM
Charles P. Dougherty Sr.
SENIOR COMMUNITY CENTER
Where Senior Moments Happen

Membership Registration

Open to Mount Ephraim and other Camden County 'seniors', at least 50 years of age; 18 or older if disabled, 21 if a byob event. A member registration and a hold harmless agreement must be completed to engage in any activities or events, on or off premises.

Medical clearance is not required but strongly encouraged for individuals with health conditions. All participants are responsible for providing their own transportation - we will try to help coordinate rideshares if needed. _____ *Rideshare assistance requested*

Fitness classes and game days are offered on a walk-in basis, seating as space permits. Some classes and special events (marked with *) require enrollment to ensure we have ample supplies, a sufficient level of participation, and to avoid overbooking. Monthly schedules are set based on instructor availability, past participation and requests. Always check new calendars for class additions, drops, day and time changes.

An email address and a cell phone number are required for communications, e.g. monthly calendars, cancellation alerts, class reminders. To follow our posts, also provide your Facebook profile.

Mail or bring completed application to the Borough Hall, 121 S. Black Horse Pike, Mount Ephraim, NJ 08059, or drop at the Senior Community Center when open for activities, 508 Lambert Avenue.

New Member Information

Name: _____ **Age:** _____ **Date of Birth:** _____
First and Last Name Month / Day / Year

Address: _____
Street City State Zip

Phone: (____) _____ (cell / landline) **Email:** _____
Cell Phone Preferred Circle one

FB Profile: _____ **Veteran:** _____ **Branch:** _____ **Era:** _____
Write 'S' if veteran spouse

Emergency Contact Information

Emergency Contact: _____ **Relationship:** _____
First and Last Name

Address: _____ **Email:** _____
Street
City State Zip **Phone:** (____) _____
Cell Phone Preferred; write 'L' if landline

Signature: _____ **Date:** _____

Interested volunteers, mark all that apply:

_____ I am usually available to volunteer: _____

Indicate days / times

_____ I am able to offer transportation to residents in my town _____ to residents in nearby towns

_____ I would like to teach a class or make a presentation: _____

_____ I would like to be considered for a Senior Coordinator role