



2023 West Allis Senior Center Membership Application Form

Please complete this form and mail it in with your check payable to "City of West Allis". Enclose a self-addressed stamped envelope to have your membership card mailed to you. Otherwise, your new card will be available for pick up at the West Allis Senior Center, 7001 W. National Avenue, West Allis, WI 53214. Please allow one to two weeks for processing.

For Office Use Only: New or Renewal \$20 Resident (West Allis/West Milwaukee) \$25 Non-Resident
 Check # _____ or Cash _____ Date of Application: ____/____/____ Staff/Volunteer Initials: _____
 Comp/Int. _____ Card/Int. _____ File/Int. _____ MSC Card _____ Other: _____

Please PRINT: _____ Birth Date: _____
Last Name First Name Middle Initial

Address: _____ Apt: _____ City: _____ Zip: _____

Senior Housing Complex name (if applicable): _____

Phone(s): Home: _____ Cell: _____ Male Female

Email Address: _____ Email Program/Event Info: Yes No

Veteran/Branch: _____ Medical/Allergies/etc.: _____

In Case of Emergency (ICE), Notify: _____ Relationship: _____

ICE Phone Number: _____ ICE Full Address: _____

I acknowledge receipt of the West Allis Senior Center's Code of Conduct. Membership expires 1 year from application date.

Information below is required for Federal Grant/Community Development Block Grant purposes only.

Category: (Please mark one)

- White (Non-Hispanic)
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native & White
- Asian & White
- Asian & Pacific Islander
- Black/African American & White
- American Indian/Alaskan & Black/African
- Other Multi-Racial
- Hispanic

Citizenship: Are you a U.S. Citizen: Yes No

Gender and Head of Household Status: (see below)

- Female (Head of Household: unmarried or widow paying over 50% of household expenses)
- Male (Head of Household: unmarried or widower paying over 50% of household expenses)

Family Size and Income Levels: (Please mark one). Below is a chart listing various income levels

Instructions:	Household Size	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
1. Find your family size along the top of each column. 2. Search down that column for the lowest income amount, which exceeds your family income and circle that amount.	30% of Median ≤	19,850	22,650	25,500	28,300	30,600	32,850	35,100	37,400
	Very Low-Income	33,050	37,800	42,500	47,200	51,000	54,800	58,550	62,350
	Low-Income	52,850	60,400	67,950	75,500	81,550	87,600	93,650	99,700
	Exceeds Indicated Income Levels	52,850+	60,400+	67,950+	75,500+	81,550+	87,600+	93,650+	99,700+

****How Did You Hear About Us?** _____

I am aware of **Wisconsin State Statute 895.525** which, in part, states:

(a) A participant in a recreational activity engaged in on premises owned or leased by a person who offers facilities to the general public for participation in recreational activities is responsible to do all of the following:

1. Act within the limits of his or her ability.
2. Heed all warnings regarding participation in the recreational activity.
3. Maintain control of his or her person and the equipment, devices or animals the person is using while participating in the recreational activity.
4. Refrain from acting in any manner that may cause or contribute to the death or injury to himself or herself or to other persons while participating in the recreational activity.

[895.525\(4\)\(b\)](#)**(b)** A violation of this subsection constitutes negligence. The comparative negligence provisions of s. [895.045](#) apply to negligence under this subsection.

Signed _____ **Dated** _____

Member Name (printed) _____

****How Did You Hear About Us?** _____