

Active Generations Membership Application

2300 West 46th Street, Sioux Falls, SD 57105

(605) 336-6722 Fax (605) 336-7471

							Date:				
Name:						_	Spouse/Partn	er:			
	Last	Firs	t		MI						_
Address:	Street/PO Box			City		State	Zip	G	ender:	M (circle o	F one
Phone:	()	()	,		Email:				(
	Home	Cell	1			-	I don't use/wi	sh to dis	close m	y email	
Birth Date	:	Emergen	cy Contact:								
	Month / Day /			Name			Relation	iship		Phone	
Hospital P	reference: (circle o	one) Avera	Sanford	VA Ot	ner:		Doctor:				
				mbership P	rofile						
	ned about Active (-						_		—
I am joining because. (mark only one)											
-		Exercise /									
Employme	ent Status:	Retired	Semi-F	Retired	Ful	ll-time	Part-tir	ne	Self-	Employ	ed
F	Primary Occupatio	n/Expertise:									
Educ	<i>cation:</i> High Scho	ol Son	ne College	В	achelor's	5	Master's	S	Docto	rate	
	500 Hand & Foot Sheepshead	Hearts	_	P			Pinochle		Pitch		
Games:	Billards	Bingo	Bu	nko	Don	ninoes _	Mah Jor	ngg	Scrabl	ble	
Arts:	Crafts Painting	Creative Writin Quilting	g	Drama Woodc		_Drawi	ng Kr	nitting		Music	
Special Int	t erest: Bird _ Computer Class _ Photography Clu		Book Clu cation Clas Hat Club		aregiver rief Supp ingle's Cl	oort _		ommunit /cle Club ours		n Team ans Gro	
Fitness:	Ballı _Golf Walking	oom Dancing Hiking Wii Bowling		king le Dancing		Exerci Pickle Zumba			-	s Room Tennis	I
Eitr	ess Assessement	_		•			a & fitness room	oriontat	tion		
Fith				o set up a n			x nulless room	IUTEIL			
If there	e is something the	nt you are intrest	ed in that i	s not listed	above, l	let us kn	ow:				
				Volunteerin	•		_/_/_/			/	
		ive Generations c to volunteer at A					time and tale in volunteerin		time.		
or Office U	se Onlv:							Rei	new:		
	Accepted by:	Computer	:	_ Call:	Fo	ollow Up	:				