

Keeping Young
while
Growing Older

OWASSO GOLDEN AGERS

Membership Application

LAUGH
LOVE
LIVE

Date _____

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip: _____ Email: _____

Phone _____ Cell Phone _____

Spouse _____ Date of Birth _____

Emergency Contact Name _____

Phone _____ Cell Phone _____

Relationship _____

Doctor _____ Phone _____

Hospital Preference _____

Major Health Concerns: Diabetic? _____ Seizures? _____ Pacemaker? _____

Frequent Falls? _____ Use Cane? _____ Walker? _____ Wheelchair? _____

Other _____

Areas of Interest: Arts Cards/Games Crafts Computers Bible Study

BINGO Cooking/Hospitality Exercises Gardening Line Dancing

Lunch Music - Piano/Singing Pool Senior Library Teaching _____

Trips Volunteering Other _____ Need Transportation?

Education & Occupation _____

Make check payable to **OWASSO GOLDEN AGERS**

OGA Annual Dues: \$5 New Member \$10 Present Member

Date paid _____ Check # _____ Cash _____ Receipt# _____

Please mail with dues to OR Bring application and fees to

Owasso Golden Agers
PO Box 180
Owasso, OK 74055

Owasso Community Center
301 South Cedar
Owasso, OK 74055

OFFICE USE Only: