



Membership Application Date ___ / ___ / _____

Full Member: \$840 Individual \$1,200 Household

Social Member: \$300 Individual \$600 Household

*If you and your partner/spouse live in the same household, then the household membership applies.

Primary Member: _____

Birth date: _____ Gender: F M

Address: _____ **City:** _____ **Zip code:** _____

Home Phone: _____ Cell Phone: _____

Email: _____

Spouse/Partner (if applicable): _____

Birth date: _____ Gender: F M

Home Phone: _____ Cell Phone: _____

Email: _____

Other Contact Information (* items are required)

*Emergency Contact 1: _____ *Relationship to you: _____

*Email: _____ *Phone: _____

Yes, you may contact this person if there is concern about my well-being

Emergency Contact 2: _____ Relationship to you: _____

Email: _____ Phone: _____

*Primary Care Physician: _____ Phone: _____

*Hospital Affiliation: Alta Bates/Summit John Muir Health Kaiser Other: _____

*Current insurance provider (Medicare, Health Net, etc): _____

Do you wish to be added to membership with Lafayette Senior Services? Yes No

Additional Information How did you hear about Lamorinda Village?

Friends Living Room Chat Flyer/Newsletter Community event

What interests you in becoming a member of Lamorinda Village?

Mail your completed application and payment to:

P.O. Box 57, Lafayette, CA 94549

Phone: (925) 283-3500