



Membership Form (Pre-Order) (July 1, 2017 - June 30, 2018)

For Volunteer/Staff Use: (Circle One) Cash / Check / Credit INITIAL: \_\_\_\_\_

Please make checks payable to: Janet Goeske Foundation

Membership Renewal (\$20) First-Time Member (\$20) Lifetime Member (\$300)

Card # \_\_\_\_\_ (number assigned by volunteer/staff member) Date: \_\_\_\_\_

Name (Mr./Mrs./Ms.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ (note: you will be added to our E-News list)

May we contact you to discuss a planned gift to our "Goeske Legacy" Endowment Fund? Yes No

\*\*\* Membership dues are non-refundable. If you would like your membership card mailed to you, please enclose a self-addressed, stamped envelope with your payment. Thank you \*\*\*

Memberships are also available on-line: WWW.JGC4SENIORS.COM/JOIN

THANK YOU FOR YOUR SUPPORT AND PATRONAGE!

This is an annual survey conducted by JGF to help us better understand the local senior population. The information gathered will be compiled for statistical purposes only and used to better serve our patrons. Participation in this survey is 100% optional. Please note: generalized information may be referenced by JGF in grant requests, grant reports, press releases, etc. (For example: 80% of JGF patrons have identified themselves as living in low to moderate income households).

Knowing more about our members helps us better understand & serve our local community. Your answers to the following questions are optional but your feedback would be very much appreciated!

1. Year of Birth? \_\_\_\_\_

2. What is your gender? Male Female

3. Are you a Veteran? Yes No

4. What is your ethnicity?

- White Black Asian Hispanic Middle Eastern Native American Pacific Islander Multi-Racial Other \_\_\_\_\_

5. How long have you been coming to the Center?

- less than 1 year 1- 5 years 6 -10 years 11- 20 years 21- 30 years 30+ years

6. What is your main source of transportation?

- I drive my own car I rely on family/friends I use senior transportation/Dial-a-Ride I ride the fixed route bus system (RTA) I walk everywhere (or use electric wheelchair)

7. What is your housing situation? (Circle all that apply)

- I live: Alone/ Roommate / Spouse / Family / Caregiver / Over 50 / Under 50

8. What language(s) do you speak? (Check all options that apply)

- English Spanish Other \_\_\_\_\_