

FRIENDSHIP CIRCLE *Membership Form*

Welcome to Friendship Circle! We're so glad you're joining or catching back up with us.

A LITTLE ABOUT YOU

Full Name		
<i>Optional - Do you have a nickname or name you prefer to be called?</i>		
Birth Month:	Day	Year
Where do you live?	Street	
	City, State, Zip	
Email		
Best phone number ☐ Cellphone ☐ Landline		

JUST IN CASE *We likely will never need this, but it's important to have on file — who should we call?*

Name	
How do you know each other?	
Their phone number:	☐ Cellphone ☐ Landline

SUPPORT & ACCESSIBILITY *A few things that will help us help participants.*

Is there anything about your health we should know, just so we can be prepared: <i>(Especially important for bus and full-day trips)</i>	
Do you use any of these to get around? <i>(check all that apply)</i> ☐ Nope, I'm all set ☐ A Cane ☐ A Walker ☐ A Wheelchair ☐ Something else:	Would you ever need a hand getting to or from our programs? ☐ Yes, most of the time ☐ Sometimes ☐ No, I'm good getting there myself ☐ No, and I actually like offering a ride to others when I can

MEMBERSHIP Please select one membership option below, and indicate if you'd like to add a printed mailer

☐ INDIVIDUAL [\$65]	☐ HOUSEHOLD [\$95] (2 Individuals) Please list additional member's information below:		
	Name	Birthday	
	Phone & Email		
☐ Mailer [\$15] One year of printed program newsletters sent to my home address listed above.			
TOTAL \$	Is this a renewal or new membership? ☐ New ☐ Renewal		

PAYMENT Please indicate how you would like to make payment. Call (707) 528 - 1182 if you need assistance.

☐ CHECK enclosed (Payable to: JCC Sonoma County)
☐ Please bill my CREDIT CARD for the amount of: \$ _____
Name on Card _____
Card Number _____ CVV _____ Exp _____ Zipcode _____

LAST STEP A few things we need to ask for our records

Photo & Media Release	We love celebrating our community! Occasionally we take photos or videos at programs to share in our newsletter, annual report, or on social media. ☐ Yes , it's okay to use photos/videos of me for these purposes ☐ No , please don't include me in photos or videos
Emergency Contact Consent	In the rare case of a medical emergency, we want to be able to act quickly. ☐ I give JCC SoCo permission to seek emergency medical care and contact emergency services on my behalf if needed, and to share relevant health information from this form with first responders.
Participation & Liability Release	Friendship Circle programs may include physical activity, travel by bus or car, and time in public spaces. ☐ I understand these activities carry some inherent risk, and I release JCC SoCo, its staff, and volunteers from liability for injury not caused by their negligence.
Signed Name	Date

WHAT'S NEXT?

What's the best way to reach you?	☐ Give me a call	☐ Text me	☐ Email me	☐ Send it in the mail
Would you like a personal phone call from a Friendship Circle member to learn more about the program opportunities and/or to ask questions? ☐ Yes ☐ No				

We look forward to seeing you!

Please return this form to a JCC staff member or my mail:
1200 Coddington Center #11275, Santa Rosa, CA 95401