San Mateo Parks and Recreation - Senior Center Membership Form

Personal Information

Full Name	Date of Birth	Gender

Home Address	City, State, Zip

Home Phone Number	Cell Phone

Emergency Contact Information

Full Name	Relationship	Phone Number

In the event of an emergency, are there any conditions you would like medical personnel to be aware of?

Demographics

Please indicate the racial / ethnic category which you most closely identify with below. Please check only one category.
Information is optional. This data is used for anonymous statistical reporting.

☐ **White** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
☐ **Black** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
☐ **Asian or Pacific Islanders**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
☐ **American Indian or Alaskan Native**: All persons having origins in any of the original peoples of North American and who maintain cultural identification through tribal affiliation or community recognition.
☐ **Hispanic**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin, regardless of race.
☐ **OTHER/BI-RACIAL**: Persons who do not identify with any of the above categories or who have mixed or unknown racial / ethnic origins.

Contact Preference

☐ Check here to receive the newsletter by **MAIL**

☐ Check here to receive the newsletter by **EMAIL**

Full Name	Signature