



**RANDOLPH
SENIOR
ADULTS
ASSOCIATION**

Randolph Senior Adults Association
347 W. Salisbury St.
Asheboro, NC 27203
Phone: 336-625-3389



Date Rcvd:		
CASH	CK	CC
Entered by:		

Memberships to Randolph Senior Adults Association (RSAA) are open to those age 50 and over and are valid for one year. Memberships are non-transferrable and are valid for individual(s) named on the membership application only.

<p>Premier membership</p> <p><input type="checkbox"/> Individual \$100</p> <p><input type="checkbox"/> Couple \$175</p>	<ul style="list-style-type: none"> • Unlimited use of Adult REC fitness center and equipment • 10 free Tai Chi or Yoga classes • 10% discounted rates on facility rentals • Free RSAA T-Shirt featuring Rich Powell illustration - size _____ • Vendor participation in the Salt Box on Salisbury • Voting rights at RSAA's Annual Meeting
<p>Bonus membership</p> <p><input type="checkbox"/> Individual \$50</p> <p><input type="checkbox"/> Couple \$75</p>	<ul style="list-style-type: none"> • \$5 fee per visit for use of Adult REC fitness center and equipment • 5 free Tai Chi or Yoga classes • 5% discounted rates on facility rentals • Vendor participation in the Salt Box on Salisbury • Voting rights at RSAA's Annual Meeting
<p>Basic membership</p> <p><input type="checkbox"/> Individual \$5</p>	<ul style="list-style-type: none"> • \$5 fee per visit for use of Adult REC fitness center and equipment • Vendor participation in the Salt Box on Salisbury • Voting rights at RSAA's Annual Meeting
<p><input type="checkbox"/> <i>Supporter</i></p>	<p>I would like to support active aging in Randolph County. Please accept this donation to be used for programs and services benefiting local seniors.</p>

Name:	Date of birth:
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Mailing address:

City:	State:	ZIP Code:
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Phone:	Email:
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Premier or Bonus Couple Membership Spouse Information

Name:	Date of birth:
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Phone:	Email:
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Emergency Contact

Name:

Phone: Relationship:

I am purchasing the membership as listed above with the understanding that I will follow rules and guidelines set forth by Randolph County Senior Adults Association or risk revocation of my membership privileges. I agree photos made of me while participating in RCSAA activities can be published online or in print for promotional purposes of RCSAA. Member is aware that taking part in a sport or health and fitness class, program or workshop could result in accident or injury, and Participant assumes the risk connected with taking part in such an activity. Participant also agrees that he/she is in good health and suffers from no physical impairment that would limit their use of RCSAA facilities. Participant acknowledges that RCSAA has not and will not render any medical services including medical diagnosis of Participant's physical condition. Participant specifically agrees that RCSAA, its officers, employees and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for or on account of death, personal injury, property damage or loss of any kind resulting from or related to participant's use of the facilities or participation in any sport, exercise or activity within or without the premises, and Participant agrees to hold RCSAA harmless from same. I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature:

Spouse signature:

Referred by: