

VAX   
   
 Spouse

ACTIVE SENIORS, INC.  
100 HARVEST ST. SALINAS CA 93901-3211  
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Membership Application

NEW   
RENEW

First Name \_\_\_\_\_ Last \_\_\_\_\_

Spouse First Name \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse Cell \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Spouse \_\_\_\_\_ @ \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Former/Current Occupation \_\_\_\_\_ Spouse \_\_\_\_\_

Skills \_\_\_\_\_ Spouse \_\_\_\_\_

Hobbies \_\_\_\_\_ Spouse \_\_\_\_\_

ASI Activity Interests \_\_\_\_\_ Spouse \_\_\_\_\_

Birth Month \_\_\_\_\_ Spouse \_\_\_\_\_

Date Paid \_\_\_\_\_ Amount \_\_\_\_\_

Paid by (check #, cash or credit card CC) \_\_\_\_\_

Receive Newsletter by: Email \_\_\_\_\_ USPS \_\_\_\_\_ None \_\_\_\_\_

Attendant \_\_\_\_\_ Date \_\_\_\_\_

Note: If all information above the red line on this sheet is confirmed correct by the applicant, check the box below.

Data confirmed correct by applicant