

New Member – \$30/Year

Renewal – \$20/Year\*

Monmouth Mall

Freehold Boro

Ocean County

**MEMBERSHIP FEES  
ARE NOT  
REFUNDABLE.**

# MEMBERSHIP APPLICATION

SCAN/Social Community Activities Network  
Monmouth Mall, 180 Highway 35 South  
Eatontown, NJ 07724

Tel: 732-542-1326 ~ www.scannj.com

**NOTE: All Information on Form MUST Be Completed.**

Member Information		
Name:	Date of Birth:	
Street:	Apartment #	
City:	State	Zip Code
Home Phone:	Cell Phone:	
E-mail:		
Emergency Contact Information		
Name:	<ul style="list-style-type: none"> <li>• Do you prefer to get your information by <input type="checkbox"/>Mail <input type="checkbox"/>Email</li> <li>• Are you a Veteran? <input type="checkbox"/>Yes <input type="checkbox"/>No</li> <li>• Are you a member of AARP? <input type="checkbox"/>Yes <input type="checkbox"/>No</li> <li>• Are you a member of AAA? <input type="checkbox"/>Yes <input type="checkbox"/>No</li> <li>• How did you learn about SCAN? <input type="checkbox"/>Friend <input type="checkbox"/>Mailing <input type="checkbox"/>Library <input type="checkbox"/>eBlast <input type="checkbox"/>Newspaper <input type="checkbox"/>Other _____</li> </ul> <p>What type of classes would be of interest to you? _____ _____</p>	
Street:		
City:		
State & Zip :		
Home Phone:		
Work Phone:		
Cell Phone:		
E-mail		
Relationship:		
<p><b>*** YOU MUST COMPLETE THIS SECTION. SCAN COLLECTS THIS INFORMATION IN ORDER TO RECEIVE PRIVATE AND PUBLIC FUNDING. ALL INFORMATION IS KEPT CONFIDENTIAL.</b></p> <p><b>Gender:</b> <input type="checkbox"/>Male <input type="checkbox"/>Female    <b>Marital Status:</b> <input type="checkbox"/>Married <input type="checkbox"/>Widowed <input type="checkbox"/>Single <input type="checkbox"/>Separated <input type="checkbox"/>Divorced</p> <p><b>Living Situation:</b> <input type="checkbox"/>Alone <input type="checkbox"/>With Spouse/Life Partner <input type="checkbox"/>With Adult Child <input type="checkbox"/>Other (specify) _____</p> <p><b>Race (check one):</b> <input type="checkbox"/>African-American <input type="checkbox"/>Hispanic <input type="checkbox"/>Asian <input type="checkbox"/>Caucasian <input type="checkbox"/>Other _____</p> <p><b>Household Income    Single person household:</b>    <input type="checkbox"/> 0 - \$15,175    <input type="checkbox"/> \$15,175 and over</p> <p><b>Two person household:</b>    <input type="checkbox"/> 0 - \$19,913    <input type="checkbox"/> \$19,914 and over</p> <p><b>Do you have any chronic or disabling health conditions:</b> <input type="checkbox"/>No <input type="checkbox"/>Yes If yes, please describe below. _____ _____</p>		

**\*Renewal fee must be paid within 30 days of renewal date or the New Member rate of \$30 will apply.**

**2 for 1 Membership & Renewal Special:** In celebration of SCAN's 30<sup>th</sup> Anniversary during 2018, NEW members can join SCAN with a friend and each pays \$15. Current members, invite a NEW member to join for \$15 and you can renew for \$10.

VISA   MasterCard   Card # \_\_\_\_\_   Exp Date: \_\_\_\_\_   Security # \_\_\_\_\_

Billing address on Card \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_