

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.org

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		<ul style="list-style-type: none"> • Do you prefer to get your information by <input type="checkbox"/>Mail <input type="checkbox"/>Email • Are you a Veteran? <input type="checkbox"/>Yes <input type="checkbox"/>No • Do you use Facebook? <input type="checkbox"/>Yes <input type="checkbox"/>No • 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 _____ <p>What type of classes would be of interest to you? _____ _____</p>	
Name:			
Street:			
City:			
State & Zip :			
Home Phone:			
Work Phone:			
Cell Phone:			
E-mail:			
Relationship:			
<p>*** YOU MUST COMPLETE THIS SECTION. SCAN COLLECTS THIS INFORMATION IN ORDER TO RECEIVE PRIVATE AND PUBLIC FUNDING. ALL INFORMATION IS KEPT CONFIDENTIAL.</p> <p>Gender: <input type="checkbox"/>Male <input type="checkbox"/>Female</p> <p>Marital Status: <input type="checkbox"/>Married <input type="checkbox"/>Widowed <input type="checkbox"/>Single <input type="checkbox"/>Separated <input type="checkbox"/>Divorced</p> <p>Living Situation: <input type="checkbox"/>Alone <input type="checkbox"/>With Spouse/Life Partner <input type="checkbox"/>With Adult Child <input type="checkbox"/>Other (specify) _____</p> <p>Race (check one): <input type="checkbox"/>African-American <input type="checkbox"/>Hispanic <input type="checkbox"/>Asian <input type="checkbox"/>Caucasian <input type="checkbox"/>Other _____</p> <p>Household Yearly Income : <input type="checkbox"/>0-\$15,075 <input type="checkbox"/>\$15,076-\$19,750 <input type="checkbox"/>\$19,751-\$32,900 <input type="checkbox"/>\$32,901-\$48,450 <input type="checkbox"/>\$48,451 +</p> <p>Do you qualify for Medicaid? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Do you have any chronic or disabling health conditions: <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.**

VISA MasterCard Card # _____ Exp Date: _____ Security # _____

Billing address on Card: _____

Signature: _____

Date: _____