



Membership Application

Today's Date

Primary Member Last First

Birth Date Gender F M O

Address City Zip Code

Home Phone Cell Phone

Email:

Other Household Member Last First

Birth Date Gender F M O

Home Phone Cell Phone

Email:

Emergency Contacts (* Items are required)

*Emergency Contact #1 *Relationship to you

*Phone *Email

Emergency Contact #2 *Relationship to you

*Phone *Email

*Primary Care Physician *Phone

*Primary Health Care Provider *Phone

Other Household Member Last First

Birth Date Gender F M O

Home Phone: Cell Phone

Email:

Emergency Contacts (* Items are required)

*Emergency Contact #1 *Relationship to you
*Phone *Email
Emergency Contact #2 *Relationship to you
*Phone *Email
*Primary Care Physician *Phone
*Primary Health Care Provider *Phone

Annual Membership Fees

- Full – Individual \$730
- Full – Household \$950
- Social – Individual only \$300

Additional Information

Your Walnut Creek Village membership includes membership in the Walnut Creek Seniors Club.

Are you currently a member of the Walnut Creek Seniors Club? Y N

If YES, what year did you pay for?

How did you hear about Walnut Creek Village?

What interests you in membership?

Please email your completed application to: membership@walnutcreek.org

OR Mail it to:

Walnut Creek Village ■ 712 Bancroft Road ■ Suite 871 ■ Walnut Creek, CA 94598