



# 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?

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**Please email your completed application to: [membership@walnutcreekvillage.org](mailto:membership@walnutcreekvillage.org)**

**OR Mail it to:**

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