

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

How did you hear about BASCC?  
\_\_\_\_\_  
\_\_\_\_\_

- New Member  
 Renewal Member

**Birmingham Public Schools  
District residents.**

- \$35 Single Membership \_\_\_\_\_  
 \$45 Family Membership \_\_\_\_\_

**Non-Birmingham Public Schools  
District residents.**

- \$40 Single Membership \_\_\_\_\_  
 \$50 Family Membership \_\_\_\_\_



Birmingham Area Seniors Coordinating Council  
2121 Midvale St., Birmingham, MI 48009-1509  
**248-203-5270**

**Web site: [www.bascc.org](http://www.bascc.org)**

## Membership Application

July 1, 2012 — June 30, 2013

### MEMBER INFORMATION

Primary Member: \_\_\_\_\_ DOB: \_\_\_\_\_

Secondary Member: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

List Medical Concerns: \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

#### BASCC Communications

##### **Member Directory:**

Unless you check the box below, you will be listed in our directory which is distributed only to BASCC members.  
 I DO NOT want to be listed in the BASCC directory.

##### **Senior News Options:**

- Mail my newsletter to me.  
 I want to read my newsletter online.

#### **Release of Claims**

In consideration of being enrolled in any BASCC programs, I hereby assume all risks in connection with such program, and I further release BASCC, the instructors, and/or agents/operators of such programs for any injury or damage that may befall me while participating in such programs, including all risks connected therewith, whether foreseen or unforeseen; and I further agree to save and hold harmless BASCC, the program and persons from any and all claims by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in such programs.

\_\_\_\_\_  
Signature Primary Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Secondary Member

\_\_\_\_\_  
Date