



Tax ID # 95-3464835

MEMBERSHIP APPLICATION

Please print

Name: _____ Date of Birth: __/__/____

Spouse/Partner's Name: _____ Phone Cell(____)_____

Home (____)_____

Desert Address: _____

City/State/Zip: _____

Other address: _____

Email: _____

Emergency Contact Name: _____

Relationship: _____ Telephone: (____) _____

☐ *I am interested in volunteering at Mizell!* Interests/Skills: _____

How did you hear about the Mizell Center? (check all that apply)

☐ Email ☐ Social Media ☐ Family/Friend ☐ Television

☐ Other: _____

What primarily drew you to Mizell Center? (check all that apply)

- | | | | |
|---------------------------------------|---------------------------------------------|-------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Lunch | <input type="checkbox"/> Cards or Games | <input type="checkbox"/> Farmer's Market | <input type="checkbox"/> Exercise Classes |
| <input type="checkbox"/> Live Music | <input type="checkbox"/> Support Groups | <input type="checkbox"/> Counseling (financial, legal, etc) | |
| <input type="checkbox"/> Hands-on Art | <input type="checkbox"/> Social Interaction | <input type="checkbox"/> Other _____ | |

**** Providing this information is optional, but knowing more about our members may allow us to apply for grants that specifically serve key programs and/or demographics. Your participation is confidential.**

Ethnicity: ☐ Caucasian ☐ American Indian/Alaskan Native ☐ Black/African American
☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ Hispanic/Latinix
Veteran: ☐ Disabled: ☐ Live alone: ☐ Decline to answer ☐

NOTICE—To promote a safe and secure environment, Mizell Center has placed video cameras in various locations inside and outside of our facility. These cameras provide video only and do not capture audio.

Waivers and Hold Harmless Release

On occasion, Mizell Center may use photography or video classes and activities for use on its website or promotional materials. Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to Mizell Center, its affiliates and agents, to use my image and likeness and/or interview statements from me in its publications, advertising or other media activities.

It is expressly agreed that all use of this facility shall be undertaken by a member at his or her own risk, and Mizell Center shall not be liable for any injuries or damage to any member or guest, or to be subject to claim, injury or damages whatsoever, including, without any limitations, those damages resulting from actions of active or passive negligence on the part of all such claims, demands, injuries, damages or action. It is specially agreed that Mizell Center shall not be responsible or liable for any loss or damage to any property of members or their guests, including automobiles and contents. It is also agreed that any damages to Mizell Center facilities or property, or the property of any members by another member or his/her guest, is the sole responsibility of the offending member. I do hereby declare myself to be physically sound and suffering no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery in this facility. I agree that I am responsible for any damage caused by me to the facility and equipment of Mizell Center. I agree that under no circumstances am I to use photographic, video or related equipment whilst on the premises. By signing this waiver I declare that I acknowledge and agree with the above.

Member Signature _____

Date _____

Annual membership is \$35 per person and open to all. Your laminated membership card provides you discounts on programs, services and events at the center.

Individual membership \$35.00

- or -

Couples membership \$70.00* Every member must complete his/her own application

Optional donation \$ _____

Total \$ _____

Credit Card #: _____ Expiration Date: ____/____

CVV: _____ Signature: _____

Please return to: Mizell Center, 480 S. Sunrise Way, Palm Springs, CA 92262

Office Use Only

Date: _____ Card Issued: _____ Check #: _____ Cash: _____ CC: _____ Rec'd by _____