



Tax ID # 95-3464835

MEMBERSHIP APPLICATION

Today's Date: ____/____/____

Please print

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

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

Desert Address: _____ Home:(____) _____

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 Internet Family/Friend Radio Television Direct Mail

Other: _____

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

- Lunch Cards or Games Farmer's Market Exercise Classes
- Live Music Support Groups Counseling (financial, legal, etc)
- Hands-on Art Social Interaction 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: Yes No Disabled: Yes No Live alone: Yes No

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 \$40 per person and open to all. Your laminated membership card provides you discounts on programs, services and events at the center.

Individual membership \$40.00

Optional donation \$_____

Total \$_____

Credit Card #: _____ Expiration Date: ____/____

CVV: _____ Signature: _____

Office Use Only

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