

# THE MARIELDERS, INC

*Dedicated to the enrichment of life for adults 55 and older, by providing activities and services.*

6923 Madisonville Rd., Cincinnati, OH 45227

Phone: 513-271-5588

Email: [marielders@yahoo.com](mailto:marielders@yahoo.com)

Website: [Marielders.org](http://Marielders.org)



Welcome to THE MARIELDERS,

We are excited that you would like to join our fun and exciting organization! We offer a variety of programs, day trips and services that we think you will enjoy.

THE MARIELDERS, INC. was established in 1977. We are a non-profit, tax assisted organization dedicated to the enrichment of life of adults 55 and older. THE MARIELDERS is funded by a Mariemont Village tax levy, Title III funds from the Older Americans Act through the Council of Aging of Southwestern, Ohio, local businesses, groups and many private donations.

Attached is our membership application form which must be completed and returned to us with your membership dues.

THANK YOU for joining!

-----*please cut here*-----

Member Name: \_\_\_\_\_

_____ Mariemont Resident	No Charge
_____ Single Membership	\$25.00
_____ Couple Membership	\$30.00

# MARIELDERS Membership Form

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

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_

No. of Persons in Household: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Gender: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

## **In Case of Emergency Please Notify:**

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Relationship: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Health Condition: \_\_\_\_\_

Allergies: \_\_\_\_\_ Disabilities: \_\_\_\_\_

**Disclosure Statement:** All information obtained will be kept confidential and no personal identifying information about you will be released to the public unless otherwise required under federal law. The information will be entered into a secure database. Summarized data will be reported to the Administration on Aging in order to keep both state and federal legislators informed of the effectiveness of senior programs (as required by the Older Americans Act reauthorization). You may not be denied services for refusing to provide any of the information requested.

**Privacy Notice:** The above health information will only be used or disclosed to provide you with treatment and services in the case of illness or injury that occurs while at the Senior Center or on a Senior Center trip.

**Authorization/Release:** I agree to release from liability, MARIELDERS, INC., staff and volunteers for any injury or illness accidentally incurred by me. First aid may be administered by a competent person. In the event of an emergency, I hereby give permission to the person in charge to tell or to send me to a physician or hospital, as required. I also agree to allow the staff to release any medical and non-medical information to any entity that may be involved in my care for the purpose of planning/providing services to meet my needs.

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

Name:

Phone number:

Date: / /2020

Interests	X	Games	X	Out of Center activities	X
Book Groups - List preferred genre:		Canasta		Brunch/Lunch/Dinner	
		Mexican Train Dominos		Sporting Events	
Ted Talks Discussion		Mah jongg		Go to Movies	
Great Decisions		Bridge		Museums	
Lectures - please specify		Solitaire		Lectures	
		Scrabble		Plays	
Computer Classes		Bingo		Shopping	
Genealogy		Poker		Day Trips out of area	
Drumming		Board Games		Artwork Demonstrations	
Health Classes		Euchre		Walking tours	
Art Classes		Pinochle		Local Food Markets	
Needle craft classes		Rummy		Outreach	
Quilting		Cribbage		Mentoring students	
Sewing		Puzzles		Overnight trips	
Jewelry Making		Chess		Tours of manufacturing plants	
Learning to play instruments				Casinos/Racetrack	
Playing instruments		Other Cards - please specify:		Tours of retirement facilities	
Wearable art				Zoo/Aquarium	
Safety classes		Other Games - please specify:		Nature Center	
Teaching - please specify:				Holiday Performances	
		<b>Movies</b>		Dance/Ballet	
Foreign Language - please specify:		Musicals		Picnics	
		Suspense		Concerts - please specify:	
Other:		Comedy			
		War		Other:	
<b>Exercise</b>		Western			
Meditation		Sci-fi			
Core and Balance		Action/Adventure			
Tai Chi		Drama		Any additional interests:	
Laughtercise		Documentaries			
Yoga		Classics			
Maintaining Your Strength					
Bones for Life		Other:			
Walking club					
Bike Club		<b>Gatherings</b>			
Kayaking		High Tea			
Hiking		Holiday Parties			
Pickle ball		Members Meetings			
Bowling		Newsletter help			
Line Dancing		Welcoming Committee			
Chair Dancing		Women's Night of Pampering			
DVD Exercise class		Men's Night of Gaming/Concert			

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## **Name and Photo Release Form**

- I DO GIVE my permission for my name and/or photos/videos to appear in THE MARIELDER, INC.'s publications, newspaper articles and on marielders.org
  
- I DO NOT GIVE my permission for my name and/or photos/videos to appear in THE MARIELDER, INC.'s publications, newspaper articles and on marielders.org

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

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