

City of Gainesville/Alachua County
Senior Recreation Center Membership Application

Circle one: Mr. Mrs. Ms. Miss Dr.

First Name: _____ MI: ___ Last Name: _____

Date of Birth: _____ Circle: Male Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____

Email Address (optional): _____

Circle one:
Caucasian African American Hispanic/Latino Asian American Indian
Other: _____

Emergency Contact

Name: _____ Relationship: _____

Phone(s): _____

For office use only – Member ID: _____



Sponsored by ElderCare of Alachua County, Inc. and the State of Florida Department of Elder Affairs.
This agency is also supported by the State of Florida Department of Education, Division of Blind Services,
United Way, Alachua County, and the City of Gainesville Community Development Block Grant Program.



Please remember ElderCare of Alachua County in your estate planning.