

New Member / Renewal – \$15/Year*

Monmouth Mall

Freehold Boro

Ocean County

MEMBERSHIP FEES
ARE NOT
REFUNDABLE.

**Membership / Renewal Rate for 2021*

Email address is required to participate in Online Classes & Virtual Events in order to send Zoom link.

MEMBERSHIP APPLICATION

SCAN/Social Community Activities Network
Monmouth Mall, 180 Highway 35 South
Eatontown, NJ 07724
Tel: 732-542-1326 ~ www.scannj.org

NOTE: All information on this Form MUST be completed.

Member Information

Name:		Date of Birth:	
Street:		Apartment #	
City:	State	Zip Code	
Primary Phone:	Secondary Phone:		
EMAIL:			

Emergency Contact Information

Name:	How did you learn about SCAN? <input type="checkbox"/> Friend <input type="checkbox"/> Mailing <input type="checkbox"/> Library <input type="checkbox"/> Facebook <input type="checkbox"/> Newspaper <input type="checkbox"/> Other _____
Street:	
City:	
State & Zip :	
Home Phone:	
Work Phone:	
Cell Phone:	
Email	What type of classes would be of interest to you? _____ _____ _____
Relationship:	
Would you be interested in volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No	

***** YOU MUST COMPLETE THIS SECTION. SCAN COLLECTS THIS INFORMATION IN ORDER TO RECEIVE PRIVATE AND PUBLIC FUNDING. ALL INFORMATION IS KEPT CONFIDENTIAL.**

Gender: Male Female **Marital Status:** Married Widowed Single Separated Divorced

Living Situation: Alone With Spouse/Life Partner With Adult Child Other (specify) _____

Race (check one): African-American Hispanic Asian Caucasian Other _____

Veteran? Yes No

Household Income Single person household: 0 - \$15,613 \$15,614 and over

Two person household: 0 - \$19,750 \$19,751 and over

Do you have any chronic or disabling health conditions: No Yes

What is the condition? _____

****For your safety and for our Staff: you MUST either mail in or phone in ALL registrations.****

Mail completed Membership Form with check made payable to SCAN:

Monmouth Mall, 180 Highway 35 South, Eatontown, NJ 07724 ~ Tel: 732.542.1326 ~ www.scannj.org

VISA MasterCard Card # _____ Exp Date: _____ Security # _____

Billing address on Card _____

Signature: _____ Date: _____

SCAN OFFICE USE ONLY

Date received: _____

Date entered in SF: _____

Date entered in QB: _____