

MEMBERSHIP APPLICATION

Please complete all requested information. If you are filling in the information by hand please print CLEARLY. For any questions contact Nikki Schwartz at (212) 398-6565 ext. 237

Date Completed: _____

Sponsor Information

Sponsor Organization: _____

Sponsor's Executive Director: _____

Sponsor's Board President: _____

Sponsor's Address: _____

City: _____ State: _____ Zip Code: _____

Sponsor's Phone: _____

Sponsor's Fax: _____

E-mail: _____

Program Information

Program Name: _____

Program Director: _____

Program Address: _____

City: _____ State: _____ Zip Code: _____

Program's Phone: _____

Program's Fax: _____

E-mail: _____

City ID#: _____

Date of Incorporation: _____

Community Board District: _____

Services offered (Check all that apply)

- | | | |
|----------------------------|--------------------------|---------------------------|
| Arts | Case Assistance | Case Management |
| Congregate Meals | Crime Victims | Home Care |
| Home Delivered Meals | Immigration Services | Information and Referrals |
| Intergenerational Programs | Mental Health/Counseling | Phone Reassurance |
| Friendly visitors | Respite Programs | Transportation |
| Senior Housing | Volunteer Services | Weekend Services |
| Education/Recreation | Exercise Programs | |
| Other (Specify) _____ | | |

Client Population

Clients Served (annually): _____ Daily Average: _____

Average Daily Number of Meals Served (Seniors)

Lunch: _____ Breakfast: _____ Other Meals: _____

Predominant Client Ethnicity (percentage)

- | | |
|-------------------------|-----------------------|
| African American: _____ | Asian American: _____ |
| Hispanic: _____ | Caucasian: _____ |
| Native American: _____ | Other (specify) _____ |

Staffing

Total: _____ Full-Time: _____ Part-Time: _____ Volunteers: _____

Budget

Principal City Funding Agency (If any): _____

Total Program Budget \$ _____ Total Senior Services Budget \$ _____

Mail or fax [(212) 398-8398] your completed application, along with a copy of your most recent 501(c)(3) filing: Attention: Nikki Schwartz, Council of Senior Centers and Services of NYC, 49 West 45th Street, 7th Floor, New York, NY 10036.