



# HERITAGE PLACE OF INDIANAPOLIS, INC. 2025 Membership Application

Heritage Place of Indianapolis, Inc. was established in 1976 to provide educational, recreational and social opportunities to adults age 55 and older.

**Membership dues are \$65.00 per year, per household. Please check the option that applies:**

- I'm completing this form for myself only (INDIVIDUAL)
- There is another household member I'd also like to include on this form (ADDITIONAL)

***For any other household member who wishes to join (at no additional cost), please enter their information on the second page along with your own below. On the following pages, please be sure to complete the Photo Release Consent and provide Signature(s). Thank you!***

Please complete ALL the information below for an **INDIVIDUAL** membership only (adult 55+).

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_ APT/UNIT # \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_  
 PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

### Emergency Contact Information

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_  
 PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
 PREFERRED HOSPITAL \_\_\_\_\_ DOCTOR \_\_\_\_\_  
 ALLERGIES \_\_\_\_\_  N/A  
 RELATED HEALTH CONCERNS \_\_\_\_\_  N/A

### Demographics *(required for statistical purposes only)*

DATE OF BIRTH Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_\_  
 GENDER  Male  Female  Prefer not to answer  
 RACE  African American  Hispanic  Asian  Native American  Caucasian  Other  
 MARITAL STATUS  Single  Married

### Education & Employment *(required for statistical purposes only)*

EDUCATION  High School  Associate's  Bachelor's  Master's  PhD  
 EMPLOYMENT  Retired  Employed Part-Time  Employed Full-Time

If applicable, please complete ALL of the information below for an **ADDITIONAL HOUSEHOLD MEMBER** (adult 55+). As a reminder, there is no added cost for them to join.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**Demographics** *(required for statistical purposes only)*

DATE OF BIRTH Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_\_

GENDER  Male  Female  Prefer not to answer

RACE  African American  Hispanic  Asian  Native American  Caucasian  Other

MARITAL STATUS  Single  Married

**Education & Employment** *(required for statistical purposes only)*

EDUCATION  High School  Associate's  Bachelor's  Master's  PhD

EMPLOYMENT  Retired  Employed Part-Time  Employed Full-Time

**PHOTO RELEASE**

I hereby consent to, and authorize, the use or reproduction by Heritage Place of Indianapolis, Inc. of any photographs and videos taken during my voluntary participation for the purpose of promotion, without compensation to me.

*Please select either option below and include your initials and the initials of additional household member, if applies.*

**YES, I CONSENT.**

Initials \_\_\_\_\_  Initials \_\_\_\_\_ *(additional member)*

**NO, I DO NOT CONSENT.** I will remove myself in situations where photographs/videos are being taken.

Initials \_\_\_\_\_  Initials \_\_\_\_\_ *(additional member)*

**LIABILITY WAIVER**

I hereby acknowledge that participation in Heritage Place programs is completely voluntary, and that I should not participate unless I am medically and physically able to do so. With full knowledge and understanding of the foregoing, I expressly assume any and all risks associated with my voluntary participation. I agree to check with my doctor before participating in a Heritage Place fitness program.

In addition, I, for myself and for anyone else who might claim on my behalf, covenant not to sue employees and waive, release, and discharge Heritage Place of Indianapolis, Inc., its board members, clients, employees and assigns, participants, officials, sponsors, volunteers and their representatives, successors, agents, from any and all claims, liabilities, debts, and causes for actions, whether foreseen or unforeseen, for death, personal injury, property damage or any other injuries which may arise from my travel to, participation in, or return from Heritage Place programs.

(CONTINUES ON THE FOLLOWING PAGE)

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

Additional Household Member (if applicable):

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

### Heritage Place of Indianapolis, Inc. – Membership Payment Information

**YES!** I would like to include a charitable contribution to Heritage Place, Inc. in addition to the \$65.00 annual membership fee.

**DONATION AMOUNT:** \$ \_\_\_\_\_<sup>00</sup>

NO, I'll consider this another time. *(You can also donate any time via our website, [heritageplaceindy.org](http://heritageplaceindy.org))*

If you prefer to pay by telephone, simply call the Heritage Place office at 317-283-6662 and we are happy to assist you.

We accept payment by check or card. You can also pay securely online through our website [www.heritageplaceindy.org](http://www.heritageplaceindy.org).

Credit Card

Discover \_\_\_\_ Visa \_\_\_\_ Mastercard \_\_\_\_

Acct # \_\_\_\_\_ 3-digit code \_\_\_\_\_ Exp Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

**PLEASE CONFIRM ALL INFORMATION PROVIDED IS CORRECT AND RETURN SIGNED APPLICATION ALONG WITH PAYMENT.**

Thank you for your membership!

Heritage Place of Indianapolis, Inc.

4550 N. Illinois Street

Indianapolis, IN 46208

[info@heritageplaceindy.org](mailto:info@heritageplaceindy.org)

**FOR OFFICE USE ONLY**

Membership Expiration Date: \_\_\_\_\_

New Membership     Household Membership     Renewal Membership

Member Since: \_\_\_\_\_