



Senior Center
Membership Application

Please Print

Date _____

New Member _____ Renewal _____ Single/\$11.00 _____ Couple/\$22.00 _____

Name: _____ Birthdate: _____

Spouse's Name: _____ Birthdate: _____

Mailing Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

What type of programs are you interested in? Please be specific. (Example – if you like to play cards, name the specific card game) _____

In the event of an emergency, please notify: _____

Relationship: _____ Phone: _____

Physician's Name: _____ Phone: _____

Medical History (include any information that may be beneficial to aid the staff or EMT personnel): _____
