



Foley Senior Center Membership Application

\$15.00 per person

\$30.00 per couple

Please Print

Date _____

New Member _____ Renewal _____

Single _____ Couple _____

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): _____

Please know activities may be photographed and that the photographs may be published for any purpose and in any form on the Senior Center's webpage or facebook page. Please check this box if you oppose your photograph being published.

Processed by: _____

Receipt# _____