Membership at the Plainville Senior Center is open to individuals age 60 and over.

NEW MEMBER SIGN-UP SHEET

PLEASE PRINT

DATE OF SIGN-UP:_____ STAFF INITIALS: _____

LAST NAME _____FIRST NAME_____MI_____

ADDRESS _____ CITY_____ ZIP_____

HOME PHONE ( ) _____ CELL PHONE ( )_____ WORK PHONE ( )_____

MALE _____ FEMALE_____ BIRTHDATE: _____

HOW DO YOU WANT TO RECEIVE YOUR MONTHLY NEWSLETTER? (PLEASE CHECK ONE)

____ E-MAIL (please provide e-mail address) _____

____PICK UP AT SENIOR CENTER

____HAVE NEWSLETTER MAILED

DO YOU HAVE A SPOUSE WHO IS A SENIOR CENTER MEMBER? YES _____ NO_____

IF SO, SPOUSE'S NAME: _____

EMERGENCY CONTACT #1: (NAME) _____

Please circle: Son, Daughter, Friend, Sister, Brother, or Other_____

Emergency Contact Phone: (Home) _____ (Work)_____ (Cell) _____

Emergency Contact Address: _____

EMERGENCY CONTACT #2: (NAME) _____

Please circle: Son, Daughter, Friend, Sister, Brother or Other _____

Emergency Contact Phone: (Home) _____ (Work)_____ (Cell) _____

Emergency Contact Address: _____

DOCTOR: _____

(First Name) (Last Name)

DOCTOR'S PHONE: _____

DOCTOR'S ADDRESS OR CITY:_____

CHURCH: _____

VOLUNTEER INTERESTS:_____

All information will remain confidential. The Senior Center will not share or release any personal information with businesses, telemarketers, individuals, etc.

Record #_____ New Member List _____
Master List_____ Birthday List _____

Revised 5/17/2011