

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

**NEW MEMBER SIGN-UP SHEET**

DATE OF SIGN-UP \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

WORK PHONE (IF APPLICABLE): ( ) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

DO YOU HAVE A SPOUSE THAT IS A CENTER MEMBER? YES \_\_\_\_\_ NO \_\_\_\_\_

IF SO, SPOUSE'S NAME: \_\_\_\_\_

EMERGENCY CONTACT #1: \_\_\_\_\_

Please circle: Son, Daughter, Friend, Sister, Brother, or Other \_\_\_\_\_

Emergency Contact Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

EMEGENCY CONTACT #2: \_\_\_\_\_

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: \_\_\_\_\_

FORMER (PRESENT) OCCUPATION: \_\_\_\_\_

VOLUNTEER INTERESTS: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Record # \_\_\_\_\_

Master List \_\_\_\_\_

New Member List \_\_\_\_\_

Birthday List \_\_\_\_\_

Revised 2/24/09