

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: _____

FOR OFFICE USE ONLY

Record # _____

Master List _____

New Member List _____

Birthday List _____

Revised 2/24/09