



WELCOME TO THE PLAINVILLE SENIOR CENTER

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

MEMBERSHIP FORM

PLEASE PRINT

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

DATE: _____ STAFF INITIALS: _____

LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____ CITY _____ ZIP _____

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

E-MAIL ADDRESS: _____

BIRTHDATE: _____ MALE _____ FEMALE _____

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/PARTNER WHO IS A SENIOR CENTER MEMBER? YES ___ NO ___

IF SO, SPOUSE'S/PARTNER'S NAME: _____

Please give us **two** Emergency Contact names, as well as their home, work and cell phone numbers. This is most important if we are unable to contact you or if there is an emergency.

#1 EMERGENCY CONTACT: (NAME) _____

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

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

Emergency Contact Address: _____

#2 EMERGENCY CONTACT: (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 CITY: _____

HOSPITAL: _____

For Office use:

Plainville Resident: _____ Out-of-Town Resident _____ Out-of-Town Membership Fee/Postage Paid _____

Record # _____ New Member List _____ Master List _____ E-Mail List (if needed) _____