

Dear Member,

Your 2019 yearly membership fee is due in January, 31st 2019. This form serves as a New Member Application as well as an update to change your information. Please complete this form below and return it with your payment (please make checks payable to "Madison County Senior Citizen's Center {MCSCC}) of \$15.00 and return to the Center via mail or in person. In order for your birthday to be listed in the Newsletter, you must fill in your birthday on the line provided.

Date: _____

Name: _____
(First) (Middle Initial) (Last)

Address: _____

City, State, Zip Code: _____

Phone #: _____ **Birthday:** _____

Emergency Information

Notify in an emergency:

(Name) (Telephone Number) (Relationship to you)

I hereby release the Madison County Senior Citizen's Center and its employees from any liability, which may arise or occur while participating in activities or programs both in and away from the Senior Center or any property that the Senior Center owns. This release is given in consideration of my use of said facilities and provided that there is no evidence of negligence on the part of the center or employees.

Signature: _____

For Office Use Only

Date received _____ **Card Sent** _____ **In Computer** _____
New Member _____ **Renewal** _____