



MEMBER REGISTRATION

INFORMATION

Last Name _____ First Name _____

Date of Birth (mm/dd/yyyy) _____

Home Address _____

Phone number _____

E-mail _____

TELL US A LITTLE ABOUT YOU

Please check a box:

Living arrangements: With somebody Alone

Mode of transportation:

I drive Family/friends Senior Van Other _____

Are you interested in volunteer opportunity at the Center?

Yes No I'd like more information

EMERGENCY CONTACT INFORMATION

Name _____

Phone number _____

Alternate phone number _____

Annual Membership: \$15.00 - 60 and above, \$25.00 - 59 and under