WETHERSFIELD SENIOR CENTER
MEMBERSHIP FORM

NAME: _____ _____ _____
LAST Name FIRST Name Middle

ADDRESS: _____ _____
Street Apt. #

_____ _____
Town Zip Code

EMAIL ADDRESS: _____

HOME PHONE #: _____ CELL PHONE#: _____

DATE OF BIRTH _____/_____/_____ ( )MALE ( )FEMALE

EMERGENCY CONTACT: NAME: _____

PHONE #_____ Is this Home/Work/Cell? (circle)

RELATIONSHIP: _____

Please feel free to make suggestions or comments below about programs you'd like to see offered at the Wethersfield Senior Center.

_____

_____

_____

Please return your completed form along with your membership fee to:
Wethersfield Senior Center, 30 Greenfield Street, Wethersfield, CT 06109

Checks should be made payable to: Wethersfield Social & Youth Services
Please contact Lisa at the Senior Center (860-721-2979) if you have any questions.
Annual Fee: $5 for Wethersfield residents; $7 for non-Wethersfield residents

---

FOR OFFICE USE ONLY:

DATE RECEIVED: _____BY _____ AMOUNT PAID _____ CK# _____CASH_____
Card given _____ List updated _____