

CLARENCE SENIOR CITIZENS, INC.

4600 Thompson Road
Clarence New York 14031

Phone (716) 633-5138

Fax: (716) 633-2276 Email: contact@clarenceseniorcenter.org

Membership Application

PLEASE PRINT

Date	Membership Number <i>For office use</i>	
Please circle: Mr. / Mrs. / Miss. / Ms. / Dr.	<u>Date of Birth</u>	
Last Name	First Name	M.I.
Street Address		
Town		Zip
Home Phone	Cell Phone	
<u>E-mail Address</u>		

Do you want to receive the Silver Streak Newsletter by e-mail? Y N

Please list someone to be contacted in the event of an emergency.

Name	Phone
Street	
Town/State	Zip
Relationship	

WE REQUEST THAT ALL MEMBERS CARRY A LIST OF MEDICATIONS and/or OTHER PERTINENT MEDICAL INFORMATION WHEN ATTENDING THE CENTER OR CENTER EVENTS.

I hereby consent to any pictures taken of me while I am participating in Senior Center activities being used in Clarence Senior Citizens, Inc. publications.

Member Signature

Please sign on reverse side also for the year in which you are joining.

When renewing your membership, please verify that all information on the front side of this application is current.

Member Signature	Date of Renewal		Staff Initials	Rec / Ck #
		2020		
		2021		
		2022		
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