

STAMFORD SENIOR CENTER MEMBERSHIP FORM for July 1, '09 to June 30, '10
CHECK YOUR MEMBERSHIP STATUS: NEW () or RENEW () year you started

(Please print all information and complete all sections. If info hasn't changed since last year, put "same")

Title (Mr., Mrs., Ms., Dr., Mr.& Mrs.)_ Last Name _____

First Name _____ Spouse/Partner _____ (co-resident)

****VERY IMPORTANT: Your EMAIL WE NEED IT!***

please print. Then repeat it on the back of this sheet:

Street Address _____ Apt./Unit _____

City/State _____ Zip code _____

Phone (H) _____ (w) _____ fax _____

Car: (License Plate #, make, year and color for cars you might park in the Gov't. Center Garage).

#1 _____ #2 _____

Emergency contacts: Physician or Medical Service (required). Please give full name and phone number.

Personal Contacts: (2 required). Give name, relationship and phone number of each contact.

1. _____

2. _____

Interests, hobbies, special skills: _____

I would like to volunteer (greatest need is in computer training program) _____

Requested yearly member contributions are now \$23 per person, and now \$35 for two at the same address. We are asking that, those who are able please contribute more- whatever you are comfortably able to give. It helps us defray the cost of those who are unable to afford the contribution, but want to be members. If you can't afford the membership contribution, please see the Director.

Membership Contribution \$ _____

Additional Contribution \$ _____

Total \$ _____

Please make checks payable to Stamford Senior Center and return to 888 Washington Blvd., Stamford, CT 06901. If you have any questions, or wish to discuss other payment options, please see Jeanne Franklin, Executive Director. Note: Registrations without Emergency Contact information will not be processed. ALL MEMBERS MUST BE REGISTERED OR REREGISTERED!

Amount Received \$ _____ Date: _____ Received by: _____