

MEMBERSHIP RENEWAL FORM

Johnston Senior Center- 1291 Hartford Ave., Johnston, RI 02919

NAME: _____

D. O. B.: _____

TELEPHONE: _____

ADDRESS: _____ apt # _____

CITY: _____

STATE: _____ ZIP CODE _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____

TELEPHONE #: _____

**** IMPORTANT:** Please give as many contact #'s as possible, ie home, cell, work

Tell us besides the newsletter how you receive information about our programs

*Face book *Newspaper * Family/Friend
*Our website www.jscri.org

RENEWAL- PAYMENT DATE: _____

CASH \$ _____ CHECK# _____

Please complete form and return to the Center with your payment of \$10.00 pp beginning June 1

****Reminder** Membership is due each year by June 30**

SCAN CARD#: _____

Your scan card is to be used each time you visit the Center.