



NEW MEMBER FORM

NAME _____

D.O.B. _____

TELEPHONE # _____

ADDRESS _____ APT# _____

CITY _____

STATE _____ ZIP _____

MAILING LIST YES NO

EMERGENCY NAME _____

RELATIONSHIP _____

TELEPHONE # _____

RENEWAL PAYMENT DATE _____

CASH \$ _____ CHECK# _____

OWN HOME SENIOR HOUSING

You will be issued a scan card to be used each visit to the center. You will also receive a Monthly Newsletter in the mail. Our Newsletter and daily menu can be accessed online at our website: www.jscri.org

JOHNSTON SENIOR CENTER

SCAN CARD # _____