



2026 MEMBER APPLICATION

Clarence Senior Citizens, Inc.

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STAFF USE ONLY

- ☐ \$10 Clarence resident
☐ \$25 Non-Clarence resident
☐ \$10 Newsletter mailing

Receipt #: _____

KEY TAG ID#

MEMBER INFORMATION

TODAY'S DATE: _____

First Name: _____ M.I. _____ Last Name: _____

Date of Birth: _____ Age: _____

Best Phone to Reach You: _____

Address: _____

City: _____ ZIP: _____

Email : _____ No Email: ☐

EMERGENCY CONTACT

Name: _____

Relationship: _____ Phone: _____

VOLUNTEERING & SPECIAL INTERESTS

Are you interested in learning about volunteer opportunities? YES ☐

Please list any special skills, hobbies, interests: _____

CHOOSE HOW TO RECEIVE NEWSLETTER:

- ☐ REGULAR MAIL \$10 FEE ☐ EMAIL (FREE) ☐ PICK UP (FREE) ☐ I DO NOT WANT TO RECEIVE NEWSLETTER

CHOOSE HOW TO RECEIVE CLOSING OR OTHER NOTIFICATIONS:

- ☐ PHONE ☐ TEXT ☐ EMAIL ☐ I do not want to receive announcements.
(You will not be notified if we close due to weather or other important announcements.)