MEMBER APPLICATION

Clarence Senior Citizens, Inc.
4600 Thompson Road, Clarence, NY 14031
Phone: 716-633-5138
Fax: 716-406-2604
Email: csci@thecsci.org
Website: thecsci.org

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: _____

Is this a cell phone? ☐

Best Phone to Reach You: _____ Can we text 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.)