

MEMBERSHIP APPLICATION

Clarence Senior Citizens, Inc.

4600 Thompson Avenue, Clarence, NY 14031

Phone: 716-633-5138 Fax: 716-406-2604

STAFF USE ONLY:

☐ Clarence resident ☐ Non resident

Newsletter: ☐ Pick up ☐ Email ☐ Mail \$6

Ck# _____ Cash Date: Rec # Init:

Keytag ID#:

TODAY'S DATE:

DATE OF BIRTH:

LAST NAME:

FIRST NAME:

MAILING ADDRESS:

CITY

ZIP

HOME PHONE:

CELL PHONE:

EMAIL:

☐ NO EMAIL

NEWSLETTER:

☐

REGULAR MAIL \$6 FEE

☐

EMAIL (FREE)

☐

PICK UP (FREE)

EMERGENCY CONTACT

NAME:

RELATIONSHIP:

PHONE:

WE REQUEST THAT ALL MEMBERS CARRY A LIST OF MEDICATIONS and/or OTHER PERTINENT MEDICAL INFORMATION WHEN ATTENDING THE CENTER OR CENTER EVENTS.

VOLUNTEERING & SPECIAL SKILLS

Are you interested in learning about volunteer opportunities? ☐ YES

Please share any special skills, hobbies, special interests:

By signing below, I hereby consent to any pictures taken of me while I am participating in Senior Center activities being used in Clarence Senior Citizens, Inc. publications. I have verified that all information above is complete and correct.

LAST NAME

MEMBER SIGNATURE	DATE OF RENEWAL		STAFF Initials	Rec/Ck #
		2025		
		2026		
		2027		
		2028		
		2029		