

SENIORS IN ACTION TRAVEL CLUB



PLEASE PRINT INFORMATION

❖ **APPLICANT'S NAME:** _____

❖ **LWSC MEMBERSHIP #:** _____ **DATE OF BIRTH:** _____
(YOU MUST BE UPDATE TO DATE ON YOUR LWSC MEMBERSHIP)

❖ **MAILING ADDRESS:** _____

❖ **EMAIL ADDRESS:** _____

❖ **TELEPHONE NUMBER #: (HOME)** _____ **(CELL)** _____

❖ **EMERGENCY CONTACT #1: NAME** _____
RELATIONSHIP: _____ **PHONE NUMBER#:** _____

❖ **EMERGENCY CONTACT #1: NAME** _____
RELATIONSHIP: _____ **PHONE NUMBER#:** _____

TELL US A LITTLE BIT ABOUT YOURSELF. (YOUR TRAVEL PREFERENCES, TRAVEL RESTRICTIONS (IF ANY) AND IF YOU ARE INTERESTED IN A VOLUNTER POSITION WITHIN THE CLUB. (HELP WITH TRAVEL PLANS OR LOGISTICS) *MEMBERSHIP IS FREE!*

PLEASE RETURN COMPLETED FORM BY MAIL TO:

S.I.A.T.C MEMBERSHIP COORDINATOR

P.O. BOX 360782

DECATUR, GA 30036

OR

BRING IT TO OUR MEETING THAT IS HELD EVERY 2ND THURSDAY IN THE MONTH.

WEBSITE: WWW.SIATC.ORG