



Foley Senior Center Membership Application

Please Print

TODAY'S DATE _____

____ NEW MEMBER ____ RENEWAL ____ SINGLE/\$11.00 ____ COUPLE/\$22.00

NAME: _____ BIRTHDAY: _____

SPOUSE'S NAME: _____ BIRTHDAY: _____

MAILING ADDRESS: _____

HOME PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

What type of programs are you interested in? Please be specific. (Example: if you like to play cards, name the specific card game.) _____

In the event of an emergency, please notify: _____

RELATIONSHIP _____ PHONE: _____

PHYSICIAN'S NAME: _____ PHONE: _____

MEDICAL HISTORY(include any information that may be beneficial to aid the staff or ambulance personnel: _____

Processed By: _____ Receipt # _____