

FRIENDS OF THE NORTON SENIOR CENTER, INC. MEMBERSHIP AND EMERGENCY CONTACT SIGN-UP SHEET



(PLEASE PRINT AND FILL OUT THE COMPLETE FORM.)

MEMBERSHIP DUES IS \$10.00 YEARLY

(THIS FORM CAN BE USED FOR INDIVIDUALS AND COUPLES. COUPLES KEEP THE NAME WITH THE NUMBER THROUGHOUT. i.e. NAME 1, EMERGENCY CONTACT 1, ETC.)

DATE: _____

NAME 1: _____ NAME 2: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE NO: _____

EMAIL ADDRESS 1: _____ EMAIL ADDRESS 2: _____

BIRTHDAY 1: MONTH: _____ BIRTHDAY 2: MONTH: _____

AMOUNT PAID: _____ CHECK: _____ CASH: _____

MAKE CHECKS

PAYABLE TO:

FRIENDS OF THE
NORTON SENIOR
CENTER, INC.

MAILING ADDRESS:

ATTN: JEAN BRISCOE
FRIENDS OF THE NORTON SENIOR CENTER, INC.
PO BOX 623
NORTON, MA 02766

EMERGENCY CONTACT INFORMATION

We ask that you fill out the entire form. We need the emergency contact information; in case you are at an event or trip we sponsor and we need to contact someone for a medical reason.

EMERGENCY CONTACT 1: _____

EMERGENCY CONTACT 2: _____

RELATIONSHIP 1: _____ RELATIONSHIP 2: _____

HOME PHONE 1: _____ HOME PHONE 2: _____

CELL PHONE 1: _____ CELL PHONE 2: _____

WORK PHONE 1: _____ WORK PHONE 2: _____

I give permission to call my Emergency Contact person in case of an emergency

FRIENDS MEMBER SIGNATURE

DATE