

WELCOME TO THE CANTON SENIOR CENTER

Membership at the Canton Senior Center is open to Individuals age 55 and Older



MEMBERSHIP FORM

All information will remain confidential. The Senior Center will not share or release any personal information with businesses, telemarketers, or commercial entities. The Senior Center reserves the right to use information for statistical and reporting purposes; and grant writing.

FIRST Name		M.I.		LAST Name	
Date of Birth	Month:	Day:	Year:		
Phone	()	Cell Phone	()		
Address					P.O. Box
City		State		Zip Code	
Mailing Address	(if different from above)				
Email Address					
Ethnic Status (for grant reporting)	<input type="checkbox"/> White/Non-Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> African-American	<input type="checkbox"/> Asian	<input type="checkbox"/> Other
Gender				Veteran	YES ___ NO ___
Emergency Contact Name #1				Relation:	
Daytime Phone	()	Other Phone: ()			
Emergency Contact Name #2				Relation:	
Daytime Phone	()	Other Phone: ()			
Hospital Preference				Preferred Pharmacy/location	
Doctor Name & Phone #			Do you have any Special Needs?		

How do you want to receive your Canton Senior Center *Scribe* newsletter?

E-MAILED to: _____ PICK UP AT SENIOR CENTER MAILED TO YOUR HOME

- PERMISSION TO USE PHOTOGRAPHS:** I, the undersigned, agree to allow the Canton Senior Center to use photographs, digital and/or video images of me taken at the Center in promotional material and newsletters.

HOLD HARMLESS AGREEMENT: I, the undersigned, hereby release and hold harmless the Town of Canton, its employees, volunteers, commissions, sponsoring agencies, sponsors, and advertisers, with respect to any and all injury, disability, or death incurred while traveling to or from or participating in any and all activities and programs held at or through the Canton Senior Center.

I, the undersigned, agree to disclose to the Senior Center Coordinator (or Director of Senior & Social Services in the Coordinator's absence), if I am protected under any protective/restraining orders by any court.

Signature of Applicant

Date