

MID-COUNTY SENIOR CENTER MEMBERSHIP FORM

Please neatly print all answers and fill out the entire form.
If your handwriting is illegible, we may have trouble reaching contacts in an emergency.
Please notify Mid-County if any of this information changes.

MEMBER INFORMATION

Name:	Gender (Circle):	Female	Male		
E-Mail:	DOB:				
Phone: ()	Cell phone: ()				
Address:					
City:	State:	Zip Code:			
Lives (Circle):	Alone	Family	Friends	Other	Spouse
Transportation (Circle):	Own car	Mid-County bus	Carpool		
Handicaps:					
Special Diet Needs:					
Medications:					

PHYSICIAN

Name (Full):	Phone: ()
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PRIMARY EMERGENCY CONTACT

Name:	Relationship:
Phone: ()	Cell phone: ()

SECONDARY EMERGENCY CONTACT

Name:	Relationship:
Phone: ()	Cell phone: ()

MISCELLANEOUS INFORMATION

How did you hear about us:

Today's Date: _____

Signature _____