WETHERSFIELD SENIOR CENTER
MEMBERSHIP FORM

NAME: _____ _____ _____
LAST Name FIRST Name Middle

ADDRESS: _____ _____
Street Apt. #

_____ _____
Town Zip Code

EMAIL ADDRESS: _____

HOME PHONE #: _____ CELL PHONE#: _____

DATE OF BIRTH _____/_____/_____ ( )MALE ( )FEMALE

EMERGENCY CONTACT: NAME: _____

Home Work Cell PHONE #_____

RELATIONSHIP: _____

Please feel free to make suggestions or comments below about programs you'd like to see offered at the Wethersfield Senior Center.

_____

_____

Please check if you are interested in the following programs:

☐ Setback ☐ Bingo ☐ Golf ☐ Lectures ☐ Entertainment-music ☐ Movies ☐ Exercise

☐ Cards/Board games ☐ Trips ☐ Wii Bowling ☐ Continuing Education ☐ Art ☐ Choir /Music

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Annual Fee: $5 for Wethersfield residents; $7 for non-Wethersfield residents

Checks should be made payable to: Wethersfield Social & Youth Services

Please return your completed form along with your membership fee to:
Wethersfield Senior Center, 30 Greenfield Street, Wethersfield, CT 06109

Please contact Amy Miller at the Senior Center at 860-721-2979,
or email amy.miller@wethersfield ct.gov if you have any questions.

FOR OFFICE USE ONLY:

DATE RECEIVED_____ BY_____ AMOUNT PAID _____ CK# _____ CASH_____

New Card received _____ Database updated _____