

# Smithfield Senior Center Membership Form

**Name:** \_\_\_\_\_  
First Last

**DOB:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Name & Number

**Veteran:** Yes **or** No

\_\_\_\_\_  
City/State/Zip code

**Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contacts: Please list 1 person that does not reside with you.**

**1. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work/Home Phone:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Work/Home Phone:** \_\_\_\_\_

**Vehicle Information:**

**Car Make & Model:** \_\_\_\_\_ **License Plate:** \_\_\_\_\_

**Require Transportation (Smithfield Residents Only):** Yes **or** No

**Interested in Volunteering:** Center **or** Meals on Wheels

**Office Use Only:**

Type of Membership	Mail \$3.00 Y or N	Total Paid	Form of Payment Check # (If Applicable)
<b>Smithfield Resident \$10.00</b>			
<b>Non-Smithfield Resident \$13.00</b>			
<b>90 years of age and older FREE</b>			<b>N/A</b>

**Date Paid:** \_\_\_\_\_

**Received by:** \_\_\_\_\_