

SENIOR CITIZEN INFORMATION CARD

MEMBER'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

IN CASE OF EMERGENCY, NOTIFY _____ PHONE _____

EMAIL _____

MEDICINE THAT YOU ARE ALLERGIC TO _____

DATE ENROLLED _____

MEMBER'S SIGNATURE _____

MEMBERSHIP CRITERIA

* \$10/YEAR * 50 YEARS OF AGE * MUST (BE ABLE TO) PARTICIPATE IN PROGRAMS*