

FOREST TOWNSHIP AREA SENIOR CENTER MEMBERSHIP FORM

LAST NAME _____ FIRST NAME _____

DATE OF BIRTH _____ DATE OF BIRTH _____
MONTH-DAY- YEAR MONTH-DAY- YEAR

PHONE _____ CELL _____

ADDRESS _____

CITY _____ ZIP CODE _____

COUNTY _____

EMERGENCY CONTACT _____

RELATIONSHIP _____

PHONE _____

PHYSICIAN NAME & PHONE _____

INSURANCE NAME _____

SPECIAL HEALTH CONCERNS (I.E. DIABETIC, HYPERTENSION, ETC.) _____

LIST MEDICATIONS _____

WHO REFERRED YOU? _____

ALL INFORMATION PROVIDED IS KEPT CONFIDENTIAL.
PLEASE NOTE THAT CASINO TRIPS REQUIRE NAME, ADDRESS & BIRTHDATE TO ACQUIRE A
PLAYER'S CARD.

“This program and/or service is fully or partially funded by Genesee County Senior Millage funds.
Your tax dollars are at work.”

DATE JOINED:

TAG NUMBER: