

Plainfield Senior Citizens Club

PLEASE CIRCLE ALL BELOW THAT APPLY:

RENEWAL * NEW * LIFE * TRAVEL * VETERAN: Branch: (_____)

NEW FORM MUST BE FILLED OUT EACH YEAR INCLUDING LIFE MEMBERS.

MEMBERSHIP IS FROM JANUARY 1ST UNTIL DECEMBER 31ST

DUES \$8.00 PER YEAR, PER MEMBER * MUST BE INCLUDED WITH FORM EXCEPT LIFE MEMBERS.

#1 Last Name _____ First Name _____ DOB _____

#2 Last Name _____ First Name _____ DOB _____

Mailing Address _____

Town and Zip Code _____

Telephone – Home _____ Cell _____

I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING AREAS:

Newletter _____ Socials _____ Membership _____ Bingo _____

In the event of an accident or emergency, I give permission to the Plainfield Senior Citizens Club to seek appropriate care/medical treatment for myself as indicated at the time. I hereby release, discharge and hold harmless the Town of Plainfield, its employees, contracted instructors and volunteers from liabilities which may occur while traveling to/from or participation in any recreational activity or sport involving risks. I further understand the Town of Plainfield does not provide accidental/medical insurance for program participants.

LIST 1 PERSON WHO MAY BE CONTACTED IN CASE OF EMERGENCY:

Name _____ Phone # _____ Relationship _____

If you need more space, please use reverse side

Name #1
Medical Problems _____
Physical Limitations _____
Meds _____

Name #2
Medical Problems _____
Physical Limitations _____
Meds _____
