TOWN OF WAPPINGER

SENIOR CITIZEN CENTER MEMBER APPLICATION

Office Use Only	
Senior#	Date
1st dues	Birthday
Orientation	Attendance

PLEASE PRINT CLEARLY

NAME:_____DOB:_____

ADDRESS:_____ City/ State/ Zip:_____

PHONE #:_____ Cell Phone #:_____

E-Mail Address: _____

Today's Date: _____

EMERGENCY CONTACT.YOU MUST LIST AT LEAST TWO EMERGENCY CONTACT PEOPLE

NAME: _____

ADDRESS:_____

RELATIONSHIP:_____

DAY PHONE #:_____

EVENING PHONE #:_____

CELL PHONE #:_____

NAME: _____

ADDRESS:_____

RELATIONSHIP:_____

DAY PHONE #:_____

EVENING PHONE #:_____

CELL PHONE #:_____

DOCTOR

Primary: _____

PHONE #: _____

ADDRESS:_____ City/ State/ Zip:_____

HOSPITAL:_____

*CONTINUED ON BACK>>>

MEDICATIONS :(List ALL Medications you are currently taking)

NAME:_____ DOSAGE:_____

NAME:_____ DOSAGE:_____

NAME:_____ DOSAGE:_____

NAME:_____ DOSAGE:_____

NAME:_____ DOSAGE:_____

NAME:_____ DOSAGE:_____

NAME:_____ DOSAGE:_____

NAME:_____ DOSAGE:_____

NAME:_____ DOSAGE:_____

NAME:_____ DOSAGE:_____

ALLERGIES: (List all allergies including food, drug and insect allergies)

_____

Sunshine Waiver (You need to sign one below, please read & sign)

Many times our seniors at the center want to call or send well wishes to our fellow seniors. We currently do not give out any personal information (name, address & phone number) unless we are given permission. Please fill out ONLY ONE of the following releases below to indicate your preference. Thanks!

I, (person stated on this application) **DO** give permission for the senior center staff to give out my name, phone number and or address to other seniors at the senior center.

_____

Signature Print Name Date

I, (person stated on this application) **DO NOT** give permission for the senior center staff to give out my name, phone number and or address to other seniors at the center.

_____

Signature Print Name Date