Division of Senior Services Membership Application

PLEASE PRINT

NAME

Last: _____ First: _____ MI: _____

Date of Birth: ___/____/____ Gender: M F Phone#: (_____)_____

Mo. Day Year

ADDRESS

Mailing Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Email: _____

EMERGENCY CONTACTS

Emergency Contact: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Rio Rancho Senior Center Memberships are available to people <u>age 55</u> and better. There are no membership fees. You may, however, subscribe to the monthly newsletter for a nominal fee.

_____ _____

Signature Date

<u>PLEASE REMEMBER TO UPDATE YOUR INFORMATION IF ANYTHING CHANGES</u>

FOR OFFICE USE ONLY

Registration Date: _____

Newsletter Receipt #: _____

Initials (Staff/Volunteer): _____