

# Kuna Senior Center Membership 2019

Annual membership is \$5.00

Please Print

Name: \_\_\_\_\_  
(First Name) (Last Name)

Nickname \_\_\_\_\_ male female (circle one)

Do you live alone? Yes No Marital status: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contacts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

In the event of an emergency this information may be given to responding emergency personnel. I give permission to be photographed and videotaped that can be used to promote the senior center.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Paid: cash check # \_\_\_\_\_