

**Membership form  
Smithfield Senior Center  
July 1, 2016 through June 30, 2017**

**Membership number** \_\_\_\_\_

Last: \_\_\_\_\_

First: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ cell phone: \_\_\_\_\_

Birth date: \_\_\_ / \_\_\_ / \_\_\_

License Plate \_\_\_\_\_ Email \_\_\_\_\_

**Do you volunteer at the Center Yes or No; if yes, for how long** \_\_\_\_\_  
**If no, are you interested in volunteering?** \_\_\_\_\_

**In case of emergency, please notify:**

Name: \_\_\_\_\_

Work phone \_\_\_\_\_ Home/Cell phone \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Relationship (i.e. son, wife, etc.): \_\_\_\_\_

Type of membership	Quantity	Mail \$3.00 Y or N	Total paid- check #
<b>Smithfield Resident \$10.00</b>			
<b>Non Smithfield Resident \$13.00</b>			
<b>90 years of age and older FREE</b>			<b>NA</b>

Date Paid: \_\_\_ / \_\_\_ / \_\_\_

Received by: \_\_\_\_\_