



MEMBERSHIP REGISTRATION form

Effective April 1, 2023



- **You may enroll at age 55 or older.** (One legally married spouse must be at minimum 55 yrs. old)
- YOU MUST provide proof of age & resident/non-resident status at time of enrollment.
- One scan code name badge will be provided per member.
- All participants must be able to function independently or provide a necessary assistant as deemed necessary by Senior Center administration.

LIFETIME MEMBERSHIP

Clinton Township Resident

\$ 75 Single
 \$ 100 Couple

Non-Clinton Township Resident

\$ 150 Single
 \$ 200 Couple

LAST NAME: _____ FIRST NAME: _____ BIRTHDATE _____

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STREET ADDRESS: _____ APT. # _____

CITY/TWP: _____ STATE: Michigan ZIP CODE: _____

PRIMARY #: () _____ 2ND NUMBER: () _____

E-MAIL ADDRESS _____ @ _____ WILL BE KEPT PRIVATE

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 RACIAL OR ETHNIC BACKGROUND: WHITE/NON-HISPANIC \_\_\_\_\_ HISPANIC \_\_\_\_\_

BLACK/NON-HISPANIC \_\_\_\_\_ ASIAN \_\_\_\_\_ AMERICAN INDIAN \_\_\_\_\_

OTHER: \_\_\_\_\_ Racial or Ethnic Background is optional, this information is requested by Planning Dept. for statistical & grant application purposes only.

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EMERGENCY CONTACT # 1 NAME: _____

EMERGENCY NUMBER: HOME () _____ WORK/CELL () _____

RELATIONSHIP: _____

EMERGENCY CONTACT # 2 NAME: _____

EMERGENCY NUMBER: HOME () _____ WORK/CELL () _____

RELATIONSHIP: _____

How did you become interested in the Center: Cable TV ___ Event ___ Friend ___ Facebook ___

