



# TRUMBULL SENIOR CENTER

Membership application July 2016-June 2017

(203) 452-5199 23 Priscilla Place, Trumbull, CT. 06611.

Annual Membership:  Resident (\$5)  Non Resident (\$20)  
 Cash  Check

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

Date of Birth: \_\_\_\_\_ (required)

Spouse/Partner's Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ Apt./Unit: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email (1): \_\_\_\_\_ Email (2): \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (C): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

How would you prefer to receive our newsletter? (check all that apply)

Email \_\_\_\_\_ Mail \_\_\_\_\_ Pick up (thank you for saving postage) \_\_\_\_\_

*\*Transportation is available to and from the center Monday –Friday. Rides are also provided to medical appointments. Please call (203) 452-5137 for more information.*

*In consideration of your accepting my registration, I hereby waive and release any and all rights and claims for damages I may have against the Town of Trumbull, its representatives, successors, and assigns, for any and all injuries suffered from any activity in which I participate, and I authorize emergency medical treatment should I be unable to consent at some point in time.*

*I agree to abide by the membership guidelines which are posted at the senior center.*

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