

FRENCHTOWN SENIOR CITIZENS, INC.

2786 Vivian Rd.-Monroe, MI 48162-734-243-6210

***NAME**

 *First *MI *Last *Sex

***PERMANENT ADDRESS:**

 *Street # *Apt *City *St *Zip

 *City/Township *Phone Number *Date of Birth

 *Marital Status *Spouse's Name

(For Newsletter mailing, notify office of leaving and return dates)

WINTER OR SUMMER ADDRESS:

 Street # Apt City St Zip

***EMERGENCY CONTACT**

 *Name *Relationship *Phone #

INTERESTS/HOBBIES: _____

EMAIL ADDRESS: _____

INTERESTED IN VOLUNTEERING: YES NO

I agree to let Frenchtown Senior Citizens, Inc. give information to Monroe County Commission On Aging for statistical accountability.

***SIGNATURE:** _____

*** Required Fields**



The Center will not discriminate against any individual or group because of race, sex, religion, national origin, color, marital status, handicap or political beliefs.



***** FOR OFFICE USE ONLY *****

Date _____ Original Membership

New _____ Renewal _____ Year _____

Card # _____ Paid _____

Date _____ Renewal _____ Year _____

Card # _____ Paid _____

Date _____ Renewal _____ Year _____

Card # _____ Paid _____

Date _____ Renewal _____ Year _____

Card # _____ Paid _____

Date _____ Renewal _____ Year _____

Card # _____ Paid _____

Date _____ Renewal _____ Year _____

Card # _____ Paid _____