Suffield Senior Center
Member Registration Form
145 Bridge Street
Suffield, CT 06078
(860)668-8830

First Name: ___________________ Last Name: ___________________ Middle Initial: _____

Date of Birth: ____/____/____

Address: ___________________ City: _______________ State: _____ Zip: _______

P.O. Box: _______________ Phone: ___________________ Email: ___________________

Do you live alone?   [ ] Yes [ ] No

Are you a Veteran?   [ ] Yes [ ] No

Marital Status: [ ] Married [ ] Single [ ] Widowed [ ] Divorced

Please list any Allergies: ___________________ ___________________ ___________________

EMERGENCY CONTACT INFORMATION (provide up to 2 contacts)

Name: ___________________ Relation: _______________ Phone: ___________________

Name: ___________________ Relation: _______________ Phone: ___________________

PLEASE COMPLETE THE FORM BY PLACING A CHECKMARK IN EACH SECTION (OPTIONAL)

Ethnicity: [ ] Hispanic or Latino Race: [ ] African American/Black

[ ] Not Hispanic or Latino [ ] Asian

[ ] American Indian/Alaskan Native [ ] Native Hawaiian/Other Pacific Islander

[ ] White

RELEASE: I understand and agree that the information contained on this form may be released for statistical purposes, and I agree to the release of information for that limited purpose only. I understand that any release of information in identifiable form must be accompanied by a signed consent form and that the information will not be used as an eligibility determination or effect participation as a recipient unless a law has specifically restricted program participation.

SIGNATURE: ___________________ DATE: ___________________

Suffield Senior Center does not discriminate based on age, race, gender, national origin, color, creed, religion, political affiliation, or physical or mental disabilities in its employment practices or the provision of services except where it a requirement of law.