

**ELMWOOD SENIOR CENTER AND WEST HARTFORD SENIOR CENTER  
MEMBERSHIP APPLICATION**

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ ZIP CODE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

**PERSON TO BE CONTACTED IN CASE OF EMERGENCY:**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**Paid by: (circle one) Check Payable to: Town of West Hartford Check# \_\_\_\_\_**

**Visa or MasterCard Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_**

**Name on Credit Card \_\_\_\_\_**

**Billing Address of Credit Card \_\_\_\_\_**

**TO JOIN SENIOR CENTERS 2021 RESIDENT: \$15.00 NONRESIDENT: \$40.00**

**Mail to: Elmwood Senior Center/West Hartford Senior Center, 15 Starkel Road, West Hartford, CT 06117**