

Membership Informational Sheet

Vernon Senior Center

135 Bolton Road, Vernon, CT 06066

Last Name: _____ First Name: _____

Address: _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____ (For Newsletter Link)

Birth date: _____

Emergency Contact: (Day Time)

Name: _____ Phone: _____

Address: _____

Relationship: _____

Emergency Contact: (Evenings)

Name: _____ Phone: _____

Address: _____

Relationship: _____

Activities of Interest:

Applicant's Signature: _____ Date: _____

Your registration fee must accompany this form. Fees: \$10.00 Vernon Resident, \$15.00 Non-Vernon Resident. Payment by Cash or Check. Please make check payable to: Vernon Senior Center.