

**MEMBERSHIP INFORMATION SHEET
VERNON SENIOR CENTER
135 Bolton Road Vernon, CT 06066**

Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ (For newsletter use only.)

Birthdate: _____

Emergency Contact (Daytime):

Name: _____

Phone: _____

Address: _____

Relationship: _____

Emergency Contact (Evenings):

Name: _____

Phone: _____

Address: _____

Relationship: _____

Activities of Interest: _____

**Lifetime Membership Fee due with Membership Information Sheet.
Vernon Resident: \$10.00, Non-Vernon Resident: \$15.00 - Cash or Check Only.
Checks payable to: Vernon Senior Center.**

PHOTO RELEASE STATEMENT AND ACKNOWLEDGMENT

The Vernon Senior Center may publish materials, use my name, photograph/video, and refer to me in any manner that the Senior Center deems appropriate in order to promote and publicize services and events. This could include publications such as newspapers, internet web pages, social media outlets, newsletters, etc. Please check below:

I **DO** give the Vernon Senior Center permission to use my photographs/videos, and reference me for purposes stated above.

I **DO NOT** give the Vernon Senior Center permission to use my photographs/videos, and reference me for the purposes stated above.

Signature

Date