

South Lyon
Center for Active Adults

Ages 50 & up

**MEMBER REGISTRATION FORM
 & EMERGENCY INFORMATION**

Name: _____

Address: _____

City/Zip: _____ **TWP:** _____

Membership Fee: Yes or No **Amount:** _____ **Date Paid:** _____ **Staff Intials** _____

Email: _____ **Phone #:** _____

Emergency Contact: _____ **Relationship:** _____

Phone: _____ **City:** _____

Emergency Contact _____ **Relationship:** _____

Phone: _____ **City:** _____

Newsletter Delivery (please circle one): **Pick Up** **Email** **Mail**

Number of people living in your home: _____

Is the Head of Household a Female (please circle one): **Yes** or **No**

Race (please circle one): **White** **Black/African American** **Asian** **Multi-Racial** **Hispanic**

62 or Older (please circle one): **Yes** or **No**

What Activities Would You Like To Participate In? (please circle all that apply)

- Swim
- Walking Club
- Pickleball
- Yoga
- Exercise Class
- Knit/ Crochet
- T.O.P.S.
- Book Club
- Quick Lunches
- Dinner Club
- Wood Carving
- Scrabble
- BINGO
- Dominos
- Ceramics
- Fun + Games
- Computer Classes
- Card Making
- Euchre
- Trips
- Painting Class
- Massage
- Hand & Foot
- Pinochle
- _____

Volunteer Opportunities **Fix-it** **Events** **Taxes** **Baking** **Resale Shop**
 Book Store **Front Desk** **Newsletter** **Fund Raising** **Other**

Tag #: _____

Vaccinated _____

Signature: _____ **Date:** _____

Thank you for your patronage!