



Single Person Registration Form
(Spouse fills out another form)

Member Name: _____

Address: _____

City: _____ Zip: _____ TWP: _____

Home Phone Number: _____ Cell Phone: _____

Email Address: _____ Birthday: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ City: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ City: _____

Race: [] White [] Asian [] Hispanic [] African American [] Other: _____

Newsletter Delivery: [] Pick Up [] Email [] Mail

What Activities Would You Like To Participate In?

- [] Swim [] Knit/Crochet [] Wood Carving [] Fun & Games [] Painting Class
[] Walking Club [] T.O.P.S [] Scrabble [] Computer Class [] Line Dancing
[] Pickleball [] Book Club [] BINGO [] Card Making [] Hand & Foot
[] Yoga [] Tai Chi [] Dominos [] Euchre [] Pinochle
[] Exercise Class [] Health Classes [] Mah-Jongg [] Trips [] Volunteering

Signature: _____ Date: _____

Internal Use Only

Tag #: _____

Staff Initials: _____

Member Fee: [] Yes [] No Amount: _____ Date Paid: _____