

KENNEDY SENIORS RECREATION CENTRE

MEMBERSHIP FORM 2010-2011

(Circle one)

Mrs.
Miss.
Mr.

**OFFICE USE
ONLY**

(M) (F)

LAST NAME:

FIRST NAME:

ADDRESS

Street Address:

Apartment #:

DELTA / OTHER

City:

Postal Code:

Phone number:

BIRTHDATE:

Email address:

(Month) (Day) (Year)

MEDICAL INFORMATION

**INFORMATION
COMPLETED**

Doctor's Name:

Phone #:

2009 – 2010
Rolodex
Label
Vol. Form

PLEASE LIST ANY MEDICAL PROBLEMS THAT THE CENTRE SHOULD
KNOW ABOUT:

Membership

No. _____

Card Made

EMERGENCY CONTACT INFORMATION

Name:

Phone #:

Computer
Entry

Relationship:

Volunteer
Processing
Membership

SIGNATURE:

(Please sign below)

DATE:

X _____