HAMLIN SENIOR CITIZENS

Member Registration Application

Name: _____
First Last

Nick Name for Tag:_____

Address:_____

City and Zip Code:_____

Preferred Phone: _____Secondary Phone:_____

Birthdate (month and day):_____

Anniversary Date:_____

Our Guidelines require members to wear their name tags at all meetings and events. Yearly, we share the contact information of our members (as listed above) with the full membership. If you want any of this information withheld please state below.

_____

Name: _____
signature

Date: _____

Emergency Contact #1

Name:_____Relationship:_____

Preferred Phone: _____Secondary Phone:_____

Emergency Contact #2

Name:_____Relationship:_____

Preferred Phone: _____Secondary Phone:_____

- ☐ HR
- ☐ SM