ORCHARD PARK SENIOR CENTER MEMBERSHIP APPLICATION 4520 California Road, Orchard Park 716-662-6452

RESIDENT NON-RESIDENT

Silver Sneakers

Silver & Fit

First Name	Last Name
Nickname (if desired)	/ Date of Birth/
Street Address	
City	State Zip
Home Phone	Cell Phone
Email Address	@
Would you like to receive the monthly no	ewsletter via email? Yes No
Gender: Male Female	Other
Single Married Widow	wed Divorced Other
Are you able to participate in activities a	t the center alone? Yes No
If not, who will accompany you? Name	
Emergency Contact: In the event of an	emergency, we will notify the following:
Name	Phone
Relationship	
I hereby authorize any pictures taken of used in Orchard Park Senior Center put	me while I am participating in Senior Center activities to be
•	Date
waive, release, discharge, covenant not any and all claims for damages, demand	Y I hereby, for myself, heirs, executors, and administrators to sue, and to hold harmless the Town of Orchard Park for ds, and causes of action of every nature which I may have or geither directly or indirectly for my participation in, use of,
Name (print)	Date
Signature	
	Office Use Only
Key Tag #	_ Date / Proof of Residency initial
	Staff Initials Payment Info
	Silver & Fit ID
Silver Sileaker 15	Sliver & Field

How were you referred to the Senior (Center?		
Are you a veteran? Yes No			
Are you retired? Yes No Previous	s Occupation		
Special Interests and Skills			
Are you interested in volunteering? Y	es No Yes, but not a	t this time	
If yes, in what area?			
Member Signature	Date joined or renewed	Staff Initials	Date Entered in MSC
	2020		
	2021		
	2022		
	2023		
	2024		
	2025		
	2026		
	2027		
	2028		
	2029		