

Traverse City Senior Center Membership Application

Name _____
Email address _____
Address Line 1 _____
Address Line 2 _____
City, State, Zip _____
County _____
Township _____
Phone _____
Birth Date (mm/dd/yyyy) _____
Gender _____
Are you a first-time member? YES _____ NO _____

EMERGENCY CONTACT INFORMATION:

Name _____
Address _____
City, State, Zip _____
Phone _____
Doctor's Name _____
Doctor's Phone _____

Would you like to have our newsletter mailed to you?
Yes, mail newsletter _____ No, do not mail newsletter _____
You also can read the newsletter on our website at www.tcseniorcenter.com

Why are you joining the Traverse City Senior Center? _____

