

# TC SENIOR CENTER MEMBERSHIP APPLICATION

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Last Name

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First Name

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Address

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Email Address

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Emergency Contact Name,  
Address & Phone

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Home Phone

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Drs. Name and Phone number

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Township

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Are you a 1<sup>st</sup> time member?

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Birthday

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Would you like the newsletter mailed  
to you?

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Why are you joining the Sr. Center?

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