

Membership:

- Basic(\$25)
- Silver(\$50)
- Gold(\$100)

BRIGHTON SENIOR CENTER

Membership Registration Form
 850 Spencer Rd, Brighton, MI 48116



 Please Print legibly - ALL information is required!

Name: _____ Phone: _____ (home/cell)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
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Are you a Veteran: Yes No

Township (check one):	<input type="checkbox"/> City of Brighton	<input type="checkbox"/> Genoa Township	<input type="checkbox"/> Green Oak Township
	<input type="checkbox"/> Brighton Township	<input type="checkbox"/> Oceola Township	<input type="checkbox"/> Hamburg Township
	<input type="checkbox"/> Other (please list) _____		

Gender: Male Female

Date of Birth: ____/____/____

Emergency Contact:

Name _____ Relationship _____ Phone _____

List any health conditions or allergies we should be aware of: _____

List any medications we should be aware of: _____

By signing this form, I agree to all the rules and regulations of the Brighton Senior Center. I may request to see a copy of the rules and regulations at any time.

Signature _____ Date _____

Office Use Only

New

Renewal

90+

Entered into Constant Contact

Entered into ELEYO

Gold/ Silver members only

Discount applied

Voucher(s) given