

# MEMBERSHIP FORM

2025/26 Membership year

Please Print legibly - ALL Information is REQUIRED

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

**BRIGHTON**  
**Senior Center**



850 Spencer Rd, Brighton, MI 48116  
810-299-3817 (Main)  
www.BrightonSeniorCenter.com

## Personal Information :

Name : \_\_\_\_\_

Address : \_\_\_\_\_ City : \_\_\_\_\_ Zip : \_\_\_\_\_

Phone Number : \_\_\_\_\_  Home    Cell   Email : \_\_\_\_\_

Birthdate : \_\_\_\_/\_\_\_\_/\_\_\_\_   Gender :  Male    Female  
Month/Date/Year

Marital Status :  Single    Married    Divorced    Widowed

Are You a Veteran? :  No    Yes | Rank \_\_\_\_\_ Branch \_\_\_\_\_ Era/Dates of Service \_\_\_\_\_

Residency :  City of Brighton    Brighton Twp    Genoa Twp    Green Oak Twp    Hartland  
 Hamburg Twp    Oceola Twp    Other \_\_\_\_\_

## EMERGENCY INFORMATION

Contact : \_\_\_\_\_ Relationship : \_\_\_\_\_ Phone : \_\_\_\_\_

Health Conditions we Should be Aware of? \_\_\_\_\_

Allergies we Should be Aware of? \_\_\_\_\_

Medications we Should be Aware of? \_\_\_\_\_

By signing this form, I agree to abide by the rules and policies of the Brighton Senior Center.  
A copy is available for review in the Membership Manual, either online or upon request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

How Did You Hear About Us? :  Newsletter    Friend/Neighbor    Community Ed Brochure    Mailer  
 Facebook    Online Search    Other \_\_\_\_\_