

Membership:

Basic(\$25)

Silver(\$50)

Gold(\$100)

# BRIGHTON SENIOR CENTER

2024/25 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:  Married  Single  Divorced  Widowed

Are you a Veteran:  No  Yes (Rank \_\_\_\_\_ Branch \_\_\_\_\_ Years \_\_\_\_\_)

Township (check one):  City of Brighton  Genoa Township  Green Oak Township  
 Brighton Township  Oceola Township  Hamburg Township  
 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

Veteran Plaque Completed

Gold/ Silver members only

Renewal

Entered into Constant Contact

Voucher(s) given

90+

Entered into ELEYO