



Are you ok with receiving your Newsletter online? **Yes** ___ **No** ___

**Milford Senior Center, Inc.
Membership Registration**

Date _____ Relocated from which State? _____

Last Name _____ First Name _____

Address _____
Street _____ City, State _____ Zip Code _____

County _____ Phone _____

Date of Birth _____ Email Address _____

Do you want your Birthday listed in our newsletter? Yes ___ No ___

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____

Do you have any medical conditions we should be aware of? (i.e. diabetes, heart disease, etc...) If so, please indicate _____

DISCLAIMER: Members participate independently in all services, activities and programs at will. I hereby release MSC, Inc. from any liability resulting from my voluntary participation in programs, services and activities.

Signature: _____

The annual membership fee is \$20.00 per person/year due July 1st of each year.

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FOR OFFICE USE ONLY:
Male _____ Female _____ Code _____ Membership # _____
Spouse: -55 yrs _____ Disabled _____ Homebound _____
Congregate _____ Handicapped (-60 yrs) _____