

Jackson Township Senior Center Membership Application

Membership No. _____ Date: _____

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Date of Birth: _____ Telephone No. _____

Emergency Contacts

1. _____
Name Phone No.

2. _____
Name Phone No.

Family Doctor: _____ Phone No. _____

Interests/Skills/Hobbies _____

Our center offers an abundance of opportunities for our members. It takes a lot of help from the members to make it all possible. Are you interested in volunteering at the center?

Yes _____ No _____ Maybe _____

What areas are you willing to volunteer in? _____

The Applicant hereby agrees to hold the Township of Jackson and the Jackson Township Senior Center harmless and indemnify the same, including their officers, agents and employees, against any and all claims, demands and actions based upon or arising out of any activities performed by the Applicant as a member of the Jackson Township Senior Center.

Applicant Signature _____ Date: _____

Membership Fee: \$ 15.00/Single Cash _____ Check _____

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Applicant Signature _____ Date: _____

Membership Fee: \$ 15.00/Spouse Cash _____ Check _____