

2010 Membership Dues / Newsletter Form / Trip Registration
Chelsea Senior Citizens; 512 E. Washington Street; Chelsea, MI 48118

Name _____ DOB _____

Name _____ DOB _____

Address _____

(street)

(city)

(state)

(zip code)

Township, if applicable _____

Winter / summer mailing address if different from above: _____

Phone (____) _____ Cell Phone (____) _____

Email _____

Would you like to receive the newsletter via email?

Yes only via email Yes, via email and regular mail. No, please send the hard copy in the mail.

Emergency Contact

Name _____ Phone _____ Alternate Phone _____

Physician Name _____ Physician Phone _____

List medical conditions we should be aware of: _____

Members should carry, on their person, at all times, an up to date list of medications. Use the back of your membership card to record your doctor's name and number, medical conditions, and medications that you take.

Annual Dues are \$20 per person. Additional levels of membership, for those able to give more, are:
___\$30.00 Silver ___\$60 Gold ___\$100 Platinum ___Patron \$1000 Any donation is appreciated

Make checks payable to **Chelsea Senior Citizens**. Membership scholarships are available through the Center's Director. No charge if over 90, *you must* fill out this form annually to remain on the newsletter list.

Please share interests, occupations, hobbies (past or present) or a class you would be willing to lead / teach:

List programs / events you would like offered: _____

Please read and sign below:

In case of emergency, or in order for the Senior Center to provide help or service, I agree to allow the staff of the Chelsea Senior Center to release medical information about me. I agree to hold harmless the Chelsea Senior Center and its agents for any and all occurrences while at the Center and during trips.

I understand that the Chelsea Senior Center, its staff, Board of Directors and / or volunteers are not liable for any cancellations, or change of plans for trips or other senior center activity. Every effort will be made to provide a safe and enjoyable experience. I also understand that no refunds will be given for programs or trips unless there is a waitlist person waiting to take my slot, or in the event of a medical emergency.

Signed _____ Date _____