Plainfield Senior Citizens Club

# MEMBERSHIP APPLICATION 2026

## MEMBERSHIP DUES ARE $10.00 AND RENEW EACH YEAR ON JANUARY 1ST

***NEW FORM MUST BE FILLED OUT EACH YEAR INCLUDING LIFE MEMBERS***

**New ____ Renew_____ Lifetime Member_____**

#1 Last Name_____First Name_____DOB_____

#2 Last Name_____First Name_____DOB_____

Mailing Address_____

Town and Zip Code_____

Telephone Home_____ Cell_____
E-mail_____

*For Office Use Only:*

**Date Paid**_____ **Cash** _____ **Check Amount $**_____ **Check #** _____

In the event of an accident or emergency, I give permission to the Plainfield Senior Citizens Club to seek appropriate care/medical treatment for myself as indicated at the time. I hereby release, discharge and hold harmless the Town of Plainfield, its employees, contracted instructors and volunteers from liabilities which may occur while traveling to/from or participation in any recreational activity or sport involving risks. I further understand the Town of Plainfield does not provide accidental/medical insurance for program participants.

## LIST 1 PERSON WHO MAY BE CONTACTED IN CASE OF EMERGENCY:

Name_____ Phone #_____Relationship_____