Plainfield Senior Citizens Club

482 Norwich Road, Plainfield, CT 06374
860-317-1819

MEMBERSHIP APPLICATION 2027

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

NEW FORM MUST BE FILLED OUT EACH YEAR INCLUDING LIFE MEMBERS

New Renew_____ Lifetime Member(80+)_____

#1 Last Name First Name DOB #2 Last Name First Name DOB

Mailing Address

_____

Town and Zip Code

_____

Telephone Home_____ Cell_____

E-mail_____

I would like to volunteer for :

Folding news letters Socials Foot clinic Monday night suppers Misc.

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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/medicaltreatmentfor 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 _____