

New Member Enrollment

Update Existing Membership

Wilmington Savings Bank-Aging Up Senior Center Member Information

Name _____ Birthdate _____

Home Phone _____ Cell Phone _____

Address _____ City _____

Zip Code _____ County _____

Township _____ Email Address _____

In case of emergency, please contact:

Name _____ Relationship _____

Address _____ City _____

Zip Code _____ Home Phone _____

Cell Phone _____

Authorization/Release:

I agree to release from liability CCCAP, Senior Operations staff and volunteers for any injury or illness accidentally incurred by me. In the event of an emergency, first aid will be administered by a competent person. I give permission to the person in charge to summon an emergency squad to assist in my assessment and transport to the nearest hospital.

Signature _____ Date _____

NEW Members only: How did you hear about the Senior Center? _____

Office Use Only:

Posted to database Added to Mailing List Signed Exercise Room Waiver

Added to Keypad
