

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? \_\_\_\_\_

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### Office Use Only:

Posted to database     Added to Mailing List     Signed Exercise Room Waiver

Added to Keypad

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