



New Fairfield Senior Center Membership Form

PLEASE PRINT

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Birthdate: _____ Male: _____ Female: _____

HOW WOULD YOU LIKE TO RECEIVE YOUR BI-MONTHLY NEWSLETTER
(PLEASE CHECK ONE)

E-Mail _____ Pick up at Senior Center: _____ Have Mailed _____ Website _____

WE ALSO EMAIL SEMI-WEEKLY UPDATES THAT YOU CAN OPT OUT OF IF YOU CHOOSE

EMERGENCY CONTACT NAME: _____

Relationship: _____

Emergency contact Home phone: _____ Cell: _____ Work: _____

I AM INTERESTED IN VOLUNTEERING OR SHARING A TALENT: _____

Briefly list any special interests/expertise you have or what you would like to share with the center.

I am interested in learning about the SweetHART Bus: _____

Health conditions we should be aware of: _____

Allergies: _____

I understand that there may be occasions when Senior Center events are photographed.

SIGNATURE: _____ DATE: _____

***THE NEW FAIRFIELD SENIOR CENTER DOES NOT CHARGE A MEMBERSHIP FEE,
HOWEVER IN ORDER TO MAINTAIN OUR SCHEDULE OF ACTIVITIES DONATIONS
ARE WARMLY WELCOMED AND GREATLY APPRECIATED.***

7/26/2024