

MEMBERSHIP/TRAVEL INFORMATION
(PLEASE PRINT CLEARLY)

HOLD

Membership Fees

\$10 Saline School District Resident

\$20 Non-Saline Resident

\$5 All People Over Age 80

\$30 Saline School District Resident (45-54)

\$40 Non-Saline Resident (45-54)

*Newsletter mailed outside the 48176 zip code requires \$15 postage fee.

Receipt # _____

Name _____

Address _____

City, State, Zip _____ Phone: _____

Township _____ Date of Birth _____

Male _____ Female _____ Previous Occupation _____

Hobbies _____

Would you like to volunteer for the center? _____

PHOTOS: I give my permission to have my photo appear in the Saline Reporter, Ann Arbor News, on the Saline Senior Center Website, or in the Saline Area Senior Center. YES _____ NO _____

MEDICAL INFORMATION

****This Medical Information Is Strictly Confidential. It Is Essential That We Have This Completed Form In Case Of Any Medical Emergency****

Medical Insurance Company(s) _____

In Case of an Emergency Contact:

1. Name _____ Relation _____

Cell Phone # _____ Home/Work # _____

2. Name _____ Relation _____

Cell Phone # _____ Home/Work # _____

Doctor's Name _____ Phone: _____

Medications (room on back)

Name: _____ Dosage _____ For _____

_____ Dosage _____ For _____

_____ Dosage _____ For _____

_____ Dosage _____ For _____

_____ Dosage _____ For _____

Allergies: _____