

Smithfield Senior Center
401-949-4590
Membership Form
July 1, 2009 through June 30, 2010

Name: Mr.: _____ Mrs., Ms.: _____

Last: _____

Street: _____ City: _____ State: _____

Zip Code: _____

Phone Number: _____ cell phone: _____

Mr. Birth date: ___/___/___ Mrs. Birth date: ___/___/___

License Plate _____

In case of emergency, please notify:

Name: _____

Work phone _____ Home/Cell phone _____

Street: _____ City: _____ State: _____

Relationship (i.e. son, wife,
etc.): _____

Office Use Only

Fee: Smithfield residents - \$10.00 pd. _____

Non-Smithfield residents - \$13.00 pd. _____

PLEASE CIRCLE ONE
MAIL OR PICK UP

Please make check payable to Smithfield Senior Center
One William J. Hawkins Jr. Trail, Smithfield, RI 02828

Membership number: Mr.: _____ Mrs.: _____ Date: _____ Init.: _____

INTERESTS

CARDS ___ BOCCE ___ BINGO ___ EXERCISE ___ BOOK CLUB ___

QUILTING ___ KNITTING ___ CRAFTS ___ TRIPS ___ VOLUNTEER ___