

Membership form
Smithfield Senior Center
401-949-4590
July 1, 2011 through June 30, 2012

Last: _____

First: Mr. _____ Mrs., Ms. _____

Street: _____ City: _____ State: _____

Zip Code: _____

Phone Number: _____ cell phone: _____

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

License Plate _____ Email _____

In case of emergency, please notify:

Name: _____

Work phone _____ Home/Cell phone _____

Street: _____ City: _____ State: _____

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

***I give the center permission to post pictures of me on the
website and/or other media outlets _____**

Additional \$3.00 for Mailed newsletter

PLEASE CIRCLE ONE

Fee: Smithfield residents - \$10.00 pd. _____

MAIL OR PICK UP

Non-Smithfield residents - \$13.00 pd. _____

**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___