



Smithfield Senior Center
401-949-4590
Membership Form
July 1, 2008 through June 30, 2009

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

Last: _____

Street: _____ City: _____ State: _____

Zip Code: _____

Phone Number: _____

Mr. Birth date: ___/___/___

Mrs. Birth date: ___/___/___

In case of emergency, please notify:

Name: _____

Work phone _____ Home/Cell phone _____

Street: _____ City: _____ State: _____

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

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Office Use Only

Fee: Smithfield residents - \$10.00 pd. _____

Non-Smithfield residents - \$13.00 pd. _____

Please make check payable to Smithfield Senior Center
One William J. Hawkins Jr. Trail, Smithfield, RI 02825

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