



Hunterdon County Division of Senior, Disabilities & Veterans Services

Senior Center – Membership Form

4 Gauntt Place, PO BOX 2900

Flemington NJ 08822

Personal Information

Full Name: Last First M.I.

Address: Street Address Apt. No. City State Zip Code Township

Home Phone: Cell Phone:

Would you like to receive monthly updates on Senior Center information & activities by email? Yes No

E-mail Address:

Race: Hispanic Non-Hispanic Asian Indian Black Other

Ethnicity: Hispanic Non-Hispanic White

Lives Alone: Yes No

Birth Date: Marital Status:

Spouse's Name:

Spouse's Birth Date: Spouse's Phone: ( )

Proof of Residency Required with Hunterdon County Address: Utility Bill or Senior/Veteran ID or NJ Driver's License

Primary Emergency Contact Information

Full Name: Last First M.I.

Relationship:

Home Phone: ( ) Cell Phone: ( )

Secondary Emergency Contact Information

Full Name: Last First M.I.

Relationship:

Home Phone: ( ) Cell Phone: ( )

OPTIONAL: (Information that may be considered pertinent)

The information provided is accurate to the best of my knowledge. I have read and agree to the rules and policies of the Senior Center and further understand that photos may be taken for promotional purposes.

Signature

Date