

KENNEDY SENIORS RECREATION CENTRE

MEMBERSHIP FORM 2009 - 2010

(Circle one) Mrs. Miss. Mr.	
LAST NAME:	FIRST NAME:
ADDRESS Apartment #:	Street Address:
City:	Postal Code:
Phone number:	BIRTHDATE:
Email:	(Month) (Day) (Year)

OFFICE USE ONLY

(M) (F)

DELTA / OTHER

MEDICAL INFORMATION

Doctor's Name:	Phone #:
PLEASE LIST ANY MEDICAL PROBLEMS THAT THE CENTRE SHOULD KNOW ABOUT:	

INFORMATION COMPLETED

2009 - 2010
Rolodex
Label
Vol. Form

Membership
No. _____

EMERGENCY CONTACT INFORMATION

Name:	Phone #:
Relationship:	

SIGNATURE:

DATE: