

JENKS SENIOR CITIZENS NEW MEMBER APPLICATION FORM

Name: _____

(Last)

(First)

(M.I.)

Address: _____

City: _____ Zip: _____

Home Telephone: _____ Cell: _____

Birth month/day: _____

Emergency Contact: _____

Phone Number: _____ Relationship: _____

Emergency Contact: _____

Phone Number: _____ Relationship: _____

Signature: _____ Date: _____

Annual Dues of \$ _____ paid on _____ to Secretary _____