

Columbiana Senior Center

Member Registration Form

Full Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Cell Phone Number:** _____

Email Address: _____ **Date of birth** _____

Do you need assistance with independence? (Walking, going to restroom, eating, etc)

Yes No

If yes, please explain: _____

Do you have any medical conditions that we should be aware of?

Please Explain:

Do you give permission for us to use your photo in the Senior Center, on social media, and in print publication for promotional and informational purposes?

Yes No

Emergency Contact Information:

Name: _____ **Phone #:** _____

Name: _____ **Phone #:** _____

By Signing below you acknowledge that the above information is correct and that you have read and will follow the policies of the Columbiana Senior Center.

Signature: _____ **Date:** _____
