

## Soprema Senior Center

# Member Information Form 2020

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Please check box if address is Wadsworth Township

Preferred Phone Number \_\_\_\_\_

Second Phone Number (optional) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Birth Date (month, day, year) \_\_\_\_\_

### Emergency Contact Information

\_\_\_\_\_  
Emergency Contact Person

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Contact's Preferred Phone Number

\_\_\_\_\_  
Contact's Second Phone Number