

Date: \_\_\_\_\_

# GRAND BLANC SENIOR ACTIVITY CENTER

MEMBERSHIP APPLICATION

Suggested \$10 donation

(1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First

(2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First

ADDRESS: \_\_\_\_\_  
Street or PO Box # Apt. # City Zip

TOWNSHIP: \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY: \_\_\_\_\_

**What company do/did you work for?** \_\_\_\_\_

**What is/was your occupation?** \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHYSICIAN \_\_\_\_\_

Dr. Phone # \_\_\_\_\_ Dr. Phone # \_\_\_\_\_

Hospital \_\_\_\_\_ Hospital \_\_\_\_\_

**Marital Status** M D W S (Please circle) **Marital Status** M D W S (Please circle)

**Birthday** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Birthday** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Male/Female** (Please circle) **Male/Female** (Please circle)

**Diagnosed medical problems:** \_\_\_\_\_ **Diagnosed medical problems:** \_\_\_\_\_

**ANNIVERSARY DATE:** \_\_\_\_\_

**Emergency contacts: please list two relatives or friends**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE CHECK ALL THAT APPLY:

**I WOULD LIKE TO VOLUNTEER ON AN OCCASIONAL BASIS FOR:**

Special Events \_\_\_\_\_ Bingo \_\_\_\_\_ Bulk Mailings \_\_\_\_\_ Event Set up/Clean up \_\_\_\_\_

Outdoor Beautification \_\_\_\_\_ Fund-raising \_\_\_\_\_ Maintenance/Repairs \_\_\_\_\_

Computer Teacher Assistants \_\_\_\_\_ Office/receptionist \_\_\_\_\_ Advisory Council \_\_\_\_\_

**I WOULD BE WILLING TO SHARE WITH OTHERS:**

A Hobby \_\_\_\_\_ A Skill \_\_\_\_\_

A Talent \_\_\_\_\_ A Vocation \_\_\_\_\_

**Suggestions/Ideas:** \_\_\_\_\_

**Why the new form?** When applying for grants or funding, we need this data to share when filling out those applications. Thank you for your support!