

**Pemberton Senior Citizens Center  
Membership Application**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 19\_\_\_\_ Marital Status: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Medical Problems: Heart \_\_\_\_\_ Diabetic \_\_\_\_\_ Other \_\_\_\_\_

I am allergic to the following *medications* and *food*: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician: Dr. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

What church do you belong to? \_\_\_\_\_ Phone Number \_\_\_\_\_

Do you have family or close friends in the area? Yes \_\_\_ No \_\_\_

What are their names and how are they related to you?

Relative/Person #1: \_\_\_\_\_ How related? \_\_\_\_\_  
Phone: \_\_\_\_\_

Relative/Person #2: \_\_\_\_\_ How related? \_\_\_\_\_  
Phone: \_\_\_\_\_