

LANCASTER SENIOR CITIZEN'S CENTER
Membership Application

Please Return To: Town of Lancaster
Department of Parks, Recreation & Forestry
525 Pavement Road
Lancaster, NY 14086

TODAY'S DATE _____

FULL NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE # _____

CELL PHONE # _____

DATE OF BIRTH _____

EMAIL ADDRESS _____

EMERGENCY CONTACT NAME
(Other than Spouse) _____

EMERGENCY CONTACT
PHONE # _____

OFFICE USE ONLY

Entered/Google	_____	Entered/Newsletter	_____
Scanned (Super GPS)	_____	Date Called	_____
		Date Called	_____
		Date Called	_____