

**Watertown Senior and Community Center**  
**“New” Membership Application Form**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M or F

Birthdate \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

City Of, Village, Township \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Past Occupation: \_\_\_\_\_

Were you ever a member of the Senior Center? Yes No If so, when \_\_\_\_\_

How Did You Learn of the Center? \_\_\_\_\_

Why Did You Join the Center? \_\_\_\_\_

List any Special Accommodations Necessary for Participation in Senior Center Programs or Services: \_\_\_\_\_

**Emergency Contact Information:**

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

**Hobbies:**

√Please indicate areas of interests:

- |  |   |  |  |                                      |
|--|---|--|--|--------------------------------------|
| <input type="checkbox"/> Animals       | <input type="checkbox"/> Bowling        | <input type="checkbox"/> Computer        | <input type="checkbox"/> Genealogy     | <input type="checkbox"/> Sports      |
| <input type="checkbox"/> Antiques      | <input type="checkbox"/> Bridge         | <input type="checkbox"/> Cooking/Baking  | <input type="checkbox"/> Gardening     | <input type="checkbox"/> Swimming    |
| <input type="checkbox"/> Art           | <input type="checkbox"/> Camping        | <input type="checkbox"/> Crafts          | <input type="checkbox"/> Golfing       | <input type="checkbox"/> Theatre     |
| <input type="checkbox"/> Astronomy     | <input type="checkbox"/> Card Games     | <input type="checkbox"/> Crochet/knit    | <input type="checkbox"/> Movies        | <input type="checkbox"/> Travel      |
| <input type="checkbox"/> Biking        | <input type="checkbox"/> Cars           | <input type="checkbox"/> Dancing         | <input type="checkbox"/> Music/Singing | <input type="checkbox"/> Walking     |
| <input type="checkbox"/> Bingo         | <input type="checkbox"/> Ceramics       | <input type="checkbox"/> Exercise Class  | <input type="checkbox"/> Needlepoint   | <input type="checkbox"/> Woodwork    |
| <input type="checkbox"/> Bird Watching | <input type="checkbox"/> Checkers/Chess | <input type="checkbox"/> Fishing/Hunting | <input type="checkbox"/> Scrap booking | <input type="checkbox"/> Writing     |
| <input type="checkbox"/> Bookkeeping   | <input type="checkbox"/> Church         | <input type="checkbox"/> Flowers         | <input type="checkbox"/> Sewing        | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Books/Reading | <input type="checkbox"/> Coins          | <input type="checkbox"/> Gambling        | <input type="checkbox"/> Socialize     |                                      |

I understand the inherent risk of injury that may be involved while participating in programs at the Watertown Senior and Community Center and verify that I am medically fit to participate. I give my permission to the supervisors of this program to take the proper necessary steps in case I am in need of emergency medical attention. I also release the sponsoring groups and their agents from any and all claims arising from my participation in activities at the Senior Center.

Signature \_\_\_\_\_

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

City Residents \$10.00 Or Non-City Residents \$15.00