

Burton Senior Center

3410 South Grand Traverse, Burton, MI 48529 (810) 744-0960

2027 PARTICIPATION APPLICATION AND NEWSLETTER RENEWAL

Please Print Clearly

Required Information

Please complete and return the following personal information for our records. The medical information is voluntary. It may be used in the event of a medical emergency. **A donation is always accepted and greatly appreciated but is not a requirement for participation.** A monthly newsletter is always included.

Last Name: _____

Are You A Genesee County Resident ____Yes ____No

First Name: _____

Spouse/Partners Name: _____

Phone Number: _____

Alternate Phone Number: _____

Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Birthday: ____/____/____

Spouse/Partner Birthday: ____/____/____

How Would You Prefer to Receive Your Newsletter? _____ Email _____ Post Office

Please Provide an E-Mail Address (Print Clearly): _____

Physician: _____ Physicians Phone #: _____

Medical Problems/Allergies/Pharmacy: _____

Spouse/Partners Physician: _____ Physicians Phone #: _____

Medical Problems/Allergies/Pharmacy: _____

EMERGENCY CONTACTS:

Name: _____

Relationship: _____

Home or Cell Phone: _____

Work Phone: _____

Name: _____

Relationship: _____

Home or Cell Phone: _____

Work Phone: _____

I understand the information provided above will be kept confidential. In the case of a medical emergency, medical information will be released to emergency personnel.

Suggested donation amount is:
\$10 per person or \$15 per couple

This is Not Required

Donation Amount _____

Receipt # _____

Signature: _____ Date: _____