



6 Clifton Common Court  
 Clifton Park, New York 12065  
 518-383-1343

# Clifton Park Senior Community Center

## 2020 Membership Application

Last Name	First Name	Middle	Sex
Address		Email:	
Medical issues you would like us to be aware of:			
Date of Birth	Home Phone #	Cell Phone #	
Emergency Contact Name	Relation	Emergency Contact Phone #	
Alternate Emergency Contact Name	Relation	Alt. Contact Phone #	
How did you hear about the Center?			
How would you like to receive your newsletter? <input type="radio"/> Picked up at Center <input type="radio"/> Mailed <input type="radio"/> Emailed <input type="radio"/> No thank you			
I hereby authorize the Clifton Park Senior Community Center to publish the photographs taken of me for use in the Center's printed publications and website. I understand that my Membership will end on 12/31/2020.			
I agree to follow the Center's Code of Conduct that is posted in the lobby.			
Signature _____		Date _____	

over

**Do you have a talent or skill you'd like to share in a class or a presentation? Let us know:** \_\_\_\_\_

**Please check off which programs you are interested in participating here at the Center.**

<b>Volunteer Opportunities:</b> <input type="radio"/> Activities & Special Events <input type="radio"/> Bake Sales <input type="radio"/> Book Sales <input type="radio"/> Dinners (Set-up, Serve, Clean Up) <input type="radio"/> Games Coordinator <input type="radio"/> Service Projects <input type="radio"/> Other - Please List _____	<b>Committees:</b> <b>(Be Part of the Planning)</b> <input type="radio"/> Activities & Special Events <input type="radio"/> Dinners <input type="radio"/> Trips	<b>Administrative/Programs:</b> <input type="radio"/> Food Donation Pick up/Delivery <input type="radio"/> Library/Book Sorting & Organizing <input type="radio"/> Office Work <input type="radio"/> Teaching a Class - Please List _____ <input type="radio"/> Other - Please List _____
--	---	--

**Please check off which activities you are interested in seeing here at the Center that are not currently offered.**

<input type="radio"/> Art Classes _____ <input type="radio"/> Crafts _____ <input type="radio"/> Dancing _____ <input type="radio"/> Discussion Group _____ <input type="radio"/> Exercise Class _____ <input type="radio"/> Foreign Languages _____ <input type="radio"/> Games -Board _____ <input type="radio"/> Games -Cards _____ <input type="radio"/> Games -Dice _____ <input type="radio"/> Games -Other _____ <input type="radio"/> Health Programs _____	<b>For Staff Use Only:</b> Input: _____ (Please Initial) Completed: _____ (Please Initial) Notes: _____ _____ _____ _____
---	---