



MEMBERSHIP APPLICATION

370 John James Audubon Parkway
Amherst, NY 14228
(716) 636-3050
AmherstsCenterforSeniorServices.com

Keytag # _____
Date: ____/____/____
Type of Membership:
Individual Household
Resident Non-Resident

First Name _____ Middle Initial ____ Last Name _____

Date of Birth ____/____/____ Gender : Male _____ Female _____ Other _____

Home Phone _____ Cell phone _____

Email address _____@_____

Address _____ Apartment # _____

City _____ State _____ Zip _____ - _____

Do you live alone? Yes No If no, who lives with you? _____

How will you get to the Center? _____

Are you able to participate in activities at the Center alone? Yes _____ No _____

If not, who will accompany you?

Name _____ Phone number _____

Emergency Contact: In the event of an emergency, we will notify the following:	
Name _____	Relationship _____
Home Phone _____	Cell Phone _____

Are you interested in Volunteering? Yes _____ No _____

If yes, in what area?

I _____, give permission to Amherst Center for Senior Services to use my photograph in their brochure, contribution literature and/or any public relations events which are affiliated with said program. I understand that this literature may be mailed out to the general public throughout the year. Amherst Center for Senior Services is authorized to use my photograph for this purpose only, unless otherwise approved by me.

Signature: _____

Date: _____

I have received a copy of the Amherst Senior Center Code of Conduct _____

Signature

RELEASE AND WAIVER OF LIABILITY I hereby, for myself, heirs, executors, and administrators, waive, release, discharge, covenant not to sue, and to hold harmless the Town of Amherst from any and all claims for damages, demands and causes of action of every nature which I may have or which may hereafter accrue to me arising either directly or indirectly from my participation in, or use of, programs, activities and services, including but not limited to the exercise room, at the Town of Amherst Center for Senior Services located at 370 John James Audubon Parkway, Amherst, NY 14228-1142. I have read this release and waiver of liability and agree to and accept its terms.

Signature: _____

Date _____

*Thank you for joining the Amherst Center for Senior Services.
We look forward to seeing you soon!*

Proof of Residency: _____

Notes: _____

Program Staff: _____

Fee paid by: Cash _____ Check _____ Credit Card _____ Entered into MSC on _____ by _____