



Amherst Center for Senior Services
370 John James Audubon Parkway
Amherst, NY 14228
(716) 636-3050
AmherstCenterforSeniorServices.com

Membership Application

First Name _____ Middle Initial ____ Last Name _____

Nickname (if desired) _____ Date of Birth ____/____/____

Home Phone _____ Cell phone _____

Which do you prefer we use to contact you? _____

Address _____ Apartment # _____

City _____ State _____ Zip _____ - _____

Email address _____ @ _____

Gender Male _____ Female _____ Other _____

Emergency Contact Name _____ Relationship _____

Emergency Contact Phone Number _____

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, and being photographed for center purposes, 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 also the centers Code of Conduct and agree to and accept its terms.

Signature: _____ Date _____

CENTER STAFF TO COMPLETE THE FOLLOWING

Proof of Residency: _____ **Staff Initials :** _____

Fee paid by: Cash _____ Check _____ Credit Card _____ **Keytag #** _____ **Date:** ____/____/____

Type of Membership :

Resident :

Non Resident:

Individual _____
 Household _____

Annual Individual _____
 Lifetime Individual _____

Annual Household _____
 Lifetime Household _____