



# Salem Senior Services Registration Form

So that we may better serve you, we ask that all Seniors who actively partake of the programming offered by Salem Senior Services provide us with the following information.

General participation is FREE for Salem Residents who must be 60 years of age or older.

Please complete this form and return it to the front desk of the Senior Center.

Please **PRINT**

**Date:**

First Name:	Nick Name:	Middle Initial:	Last Name:	
Street Address including Apartment/Unit Number if Applicable or Post Office Box:				
City:	State:	Zip Code:	Gender:(circle) <b>M F</b>	Date of Birth:
Home Phone Number: ( )	Cell Phone Number: ( )	Email Address:		
Name as you would like it to appear on Name Badge:				
Veteran/Served in Military ~ Branch: _____ Dates served: _____  What motivated you to come in today? _____  Activities and Programs you want to participate in: _____  <p style="text-align: center;"><u><i>If there is a <b>second person at the same address</b> to participate, please enter the name below:</i></u></p>				
First Name:	Nick Name:	Middle Initial:	Last Name:	
Cell Phone Number: ( )	Email Address:		Gender:(circle) <b>M F</b>	Date of Birth:
Name as you would like it to appear on Name Badge:				
Veteran/Served in Military ~ Branch: _____ Dates served: _____  What motivated you to come in today? _____  Activities and Programs you want to participate in: _____				

For Office Use Only: Date: \_\_\_\_\_ Database 1 2 Badge 1 2