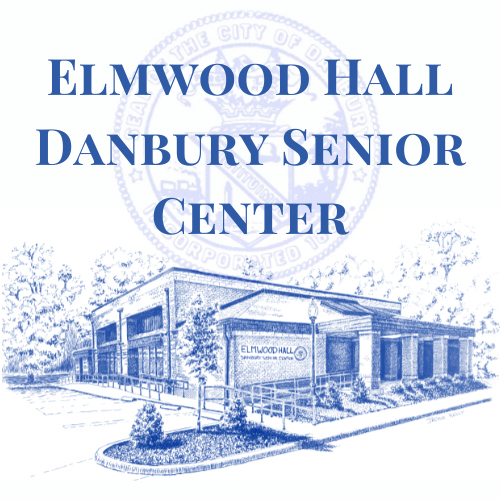
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Change of Information

(address, phone, etc)

New Membership

**ELMWOOD HALL – DANBURY SENIOR CENTER MEMBERSHIP APPLICATION**

**Return to 10 Elmwood Place, Danbury, CT 06810**

**203-797-4686**

**www.danburyseniors.org**

**(Please Print) Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: (\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity/Race: **Optional**

Black or African American American Indian or Native Alaskan

Caucasian Hispanic/Latino/Spanish Origin

Asian/Pacific Islander Other

Are you a Veteran? Yes No

**PHOTO RELEASE**

I**, (print name)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize Elmwood Hall Senior Center to take and use my photograph and/or name for printed or electronic publications related to Elmwood Hall functions and activities, such as, but not limited to, news releases, publications, and the City of Danbury website.  I authorize the use of my name and/or image(s) without compensation to me.  Any photograph negatives, prints, and digital reproductions shall be the property of Elmwood Hall Senior Center.

I agree to release any employees, contractors, agents and representatives of the City of Danbury and Elmwood Hall Senior Center from liability for any claims by me in connection with the authorized use of my name and/or photo(s) as described above.

Further, I understand that my agreement to use my name and/or photo(s) as described in this authorization and release is completely **voluntary.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Please note: Your residential address and phone number will not be disclosed in any publications or on the City’s website.***

**IN CASE OF EMERGENCY**

Name of who to call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Their phone #: (\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOR PERSONNEL USE ONLY:**

**Date member was entered \_\_\_\_\_\_\_\_\_\_\_\_\_\_**