

Hunterdon County Division of Senior, Disabilities & Veterans Services

Senior Center – Membership Form

4 Gauntt Place, PO BOX 2900

Flemington NJ 08822

908-788-1359



Personal Information

Full Name: Last First M.I.

Address: Street Address Apartment/Unit #

City State ZIP Code Township

Home Phone: Cell Phone:

Race: Hispanic Non-Hispanic White Asian Indian Black Other

Ethnicity: Hispanic Non-Hispanic White

Lives Alone

Proof of Residency Required

Acceptable Photo

Identification:

NJ Driver's License, Veterans ID, Senior ID

Birth Date: Marital Status:

Spouse's Name:

Spouse's Birth Date: Spouse's Phone:

Primary Emergency Contact Information

Last First M.I.

Daytime Phone: Cell Phone:

Relationship:

Secondary Emergency Contact Information

Last First M.I.

Daytime Phone: Cell Phone:

Relationship:

Optional: (Information that may be considered pertinent)

The information provided is accurate to the best of my knowledge. I also have read and agreed to the rules and policies of the Senior Center and further understand that photos may be taken for promotional purposes.

Signature Date

