LAUREL SENIOR CENTER, INC.
P.O. BOX 64
LAUREL, DE 19956

MEMBERSHIP APPLICATION

Yearly Donation $20.00

APPLICANT INFORMATION

Full Name

Sex
☐ Male
☐ Female

Street Address | State | Zip Code

Rural
☐ Yes
☐ No

Consent Release ☐ Yes ☐ No

Home Phone Number:

Cell Phone Number:

Email:

Marital Status
☐ Single ☐ Seperated
☐ Divorced ☐ Married
☐ Widowed

Ethnic Group (Check Only One
☐ African American
☐ Hispanic Origin
☐ American Indian/Native Alaskan
☐ Asian/Pacific Islander
☐ Non Minority (White, not Hispanic Origin
Other

EMERGENCY INFORMATION

Emergency Contact Name | Phone Number | Relationship

Medications
1
2
3
4

Doctor Name

Doctor Phone Number

TRANSPORTATION

☐ Car/Self ☐ Bus ☐ Paratransit ☐ Taxi Other
☐ Car/Other

COMMENTS

The information on this document was obtained through the interview with the applicant

Signature

Date