Croton Senior Club New Member Application

	Today's Date:				
1.	Name:				
	Current Address:				
	Tolombono			Call #	
	Telephone:	nome:		_ Cell #:	
	Email Address:				
	Date of Birth:		19		
2.	Emergency Contact:				
	Address:				
	Telephone:	Home:		_ Alternate:	
3.	Name of Physician:				
	Telephone:				
	Please indicate any m	edical condition	on(s) or inform	ation we should be awa	ıre of:
4.	The Senior Club publishes an annual Club Directory listing the names, addresses and phone numbers of its members. The Directory is for the exclusive use of members only.				
	□ Add my contact information to the Club Directory				
	□ Do Not add my contact information to the Club Directory				
5 .	List your hobbies and interests:				
Fee:	Cash OR Check Payable	e to "Robert An age Resident	nderson" (Presid	dent) or "Rita Wilcox" Tr	easurer)
		_	ool District / Non-	Resident	

Please return completed form & fee to Jan Zanfardino, Membership Director

- In person at a Friday Meeting or
- mail to Croton Senior Club 1 Van Wyck Street, Croton-on-Hudson, NY 10520