



THE TOWN OF  
**WILTON**  
CONNECTICUT

## Senior Center Membership Form

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

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

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

Phone No: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Birth date: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ **Best Phone:** \_\_\_\_\_

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

Program Interest \_\_\_\_\_

How would you like to receive the Corridors **(please check one)**?

- Email (quickest)
- I will pick up at the Center
- Postal Mail