

**MEMBERSHIP INFORMATION SHEET**  
**VERNON SENIOR CENTER**  
**135 Bolton Road Vernon, CT 06066**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ (For newsletter use only.)

Birthdate: \_\_\_\_\_

**Emergency Contact (Daytime):**

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

Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

**Emergency Contact (Evenings):**

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

Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

Activities of Interest: \_\_\_\_\_

**Lifetime Membership Fee due with Membership Information Sheet.**  
**Vernon Resident: \$10.00, Non-Vernon Resident: \$15.00 Checks payable to: Vernon Senior Center**

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**PHOTO RELEASE STATEMENT AND ACKNOWLEDGMENT**

The Vernon Senior Center may publish materials, use my name, photograph/video, and refer to me in any manner that the Senior Center deems appropriate in order to promote and publicize services and events. This could include publications such as newspapers, internet web pages, social media outlets, newsletters, etc. Please check below:

☐ I **DO** give the Vernon Senior Center permission to use my photographs/videos, and reference me for purposes stated above.

☐ I **DO NOT** give the Vernon Senior Center permission to use my photographs/videos, and reference me for the purposes stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date