TOWN OF WINDHAM, CT

HUMAN SERVICES DEPARTMENT
WINDHAM SENIOR CENTER

47 Crescent Street
Willimantic, Connecticut 06226-2200

Windham Senior Center
Membership Registration Form

First Name: _____ *Last Name:* _____

Address: _____

Home Phone: _____ *Cell Phone:* _____ *Date of Birth:* _____

Email Address (if applicable): _____

Do you have any medical conditions we should be aware of? _____

Emergency Contact:
*Name:*_____

*Phone:*_____

If your emergency contact does not live locally, please provide us with a ***local emergency contact:***

*Name:*_____

*Phone:*_____

List up to four medical conditions you want emergency responders to know about you:

*1.*_____

*2.*_____

*3.*_____

*4.*_____