

For office use - ID #: \_\_\_\_\_

**Brooklyn Senior Center—55 years or older**

**Sign Up Sheet for Resident Membership**

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

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Birth Date (MM/DD/ Year) \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

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

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

Fill this form out and then bring it in to get your Membership Card at  
**No Cost** for Brooklyn Residents