

# Senior Center

*July 2023-June 2024*

**\$55 CITY OF VALDOSTA AND LOWNDES COUNTY RESIDENTS**

**\$65 OUT OF LOWNDES COUNTY RESIDENTS**

**\*ADDITIONAL: POOL PASS \$65**



## REC 1 NEW USER INFO

|   |      |             |           |        |
|---|------|-------------|-----------|--------|
| 1. FIRST NAME   |      |             | LAST NAME |        |
| DOB (birthdate)   |      | SELECT ONE: |           |        |
| MO:   | DAY: | YR:         | MALE      | FEMALE |
| <b>2<sup>nd</sup> Person in Household <u>Joining</u> if any</b> |      |             |           |        |
| 2. FIRST NAME   |      |             | LAST NAME |        |
| DOB (birthdate)   |      | SELECT ONE: |           |        |
| MO:   | DAY: | YR:         | MALE      | FEMALE |

## Resident Info

|                              |       |     |
|------------------------------|-------|-----|
| Address required (no PO BOX) |       |     |
| City                         | State | Zip |

|   |   |
|---|---|
| Residence Please Circle:<br><br>CITY or COUNTY      | If Out of Co. State Where:                          |
| PHONE 1 & Mobile carrier name (AT&T, Verizon, etc.) | PHONE 2 & Mobile carrier name (AT&T, Verizon, etc.) |

**Do you want a POOL PASS added to your membership? (\*\*Additional \$60))**

YES or NO If Yes, How many?: \_\_\_\_\_

**Email Address**

|                               |
|-------------------------------|
| ONLY ONE NEEDED PER HOUSEHOLD |
|-------------------------------|

*Needed to receive Newsletter/Calendar and Any Special Notices*

**EMERGENCY CONTACT: Name & Phone Number &\* Any Health Concerns Staff needs to be aware of\***

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