

SCAN CARD APPLICATION		PLEASE PRINT ALL INFORMATION		SPOUSE'S INFORMATION	
CARD ISSUED NUMBER					
FIRST NAME					
NICKNAME					
MIDDLE INITIAL					
LAST NAME					
DATE OF BIRTH (MM/DD/YEAR)					
MARRIED: YES or NO					
TELEPHONE					
CELL PHONE					
STREET ADDRESS					
P O BOX #					
CITY					
STATE					
ZIP					
TOWNSHIP YOU LIVE IN					
COUNTY YOU LIVE IN					
E-MAIL					
EMERGENCY NAME					
EMERGENCY RELATIONSHIP					
EMERGENCY PHONE					
EMERGENCY CELL PHONE					
ETHNIC STATUS		<i>AFRICAN AMERICAN</i>		<i>AFRICAN AMERICAN</i>	
PLEASE CHECK ONE!		<i>ASIAN AMERICAN</i>		<i>ASIAN AMERICAN</i>	
		<i>CAUCASIAN</i>		<i>CAUCASIAN</i>	
		<i>HISPANIC</i>		<i>HISPANIC</i>	
		<i>NATIVE AMERICAN</i>		<i>NATIVE AMERICAN</i>	
GENDER: MALE or FEMALE		<i>M F</i>		<i>M F</i>	
HEAD OF HOUSEHOLD		YES NO		YES NO	
SENIOR LIVES ALONE		YES NO		YES NO	
DISABILITIES: <i>List All</i>					
ALLERGIES: <i>List All</i>					
DOCTOR'S NAME:					
DOCTOR'S TELEPHONE:					



The Davison Area Senior Activity Center is fully or partially funded by The Genesee County Senior Millage Funds. Your tax dollars at work!

DAVISON AREA SENIOR CENTER

Participation Application

Today's Date: _____

10135 Lapeer Rd., Davison, MI 48423

810-658-1566

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