

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