Davison-Richfield Area
Senior Citizens Activity Center

Card Issue #: x_____

#: x_____

Scan Card Application – Please Print Clearly

Please complete and return the following personal information for our records.
Emergency contact information is for your protection in case of a medical emergency.

Are you a Genesee County Resident: _____YES _____NO

Township You Live In: _____

Last Name: _____

First Name: _____Spouses Name: _____

Telephone: _____Cell Number: _____

Cell Number: _____

Physical Street Address: _____Apt. #: _____

City: _____State: _____Zip Code: _____

→ NEED!!! → **Birthday**: ____/____/____   **Spouses Birthday**: ____/____/____
MONTH DAY YEAR   MONTH DAY YEAR

E-mail Address: _____

_____

Emergency Contacts:

Name: _____Relation: _____

Telephone: _____

Name: _____Relation: _____

Telephone: _____

Allergies: _____Spouses Allergies: _____

_____   _____

_____   _____

_____   _____

I understand the information provided above will be kept confidential. In the case of medical emergency, medical information will be released to the emergency personnel.

Signature: _____Date: _____

1/1/2025