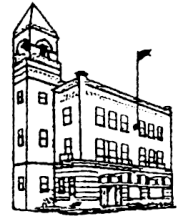




LEON MATHIEU SENIOR CENTER
420 MAIN STREET, PAWTUCKET, RI 02860



2022 Activity Membership Form

PLEASE PRINT CLEARLY

Name _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Birth Date _____ Phone # _____ Gender M F

Email address _____

RACE/ETHNICITY:

- Caucasian / White
- Black
- Asian
- Native American
- Cape Verdean
- Hispanic
- Other _____

LANGUAGE (S):

- English
- Portuguese
- Spanish
- Creole

Other _____

MARITAL STATUS:

- Single
- Married
- Widowed
- Divorced

Emergency Contact:

Name _____ Relationship _____

Work/Cell Phone # _____ Home Phone # _____

For Office Use Only

- CITY RESIDENT MEMBERSHIP DUES \$7.00
- OUT OF CITY DUES \$10.00

METHOD OF PAYMENT CASH CHECK

DATE PAID _____ AMOUNT \$ _____

MEMBERSHIP ID SCAN NUMBER X _____

NEW

RENEWAL