Membership Form

Amended: June 1, 2023

Name:_____

Phone #:_____

Cell Phone #_____

Email: _____

Date:_____

Address:_____

City:_____

State:_____ Zip:_____

Member Since: _____

Date of Birth:_____

Male:_____Female:_____

Marital Status: _____Religion:_____Veteran:_____

In the event of an **Emergency** notify:

Name:_____ Relationship:_____

Address:_____

Home Phone:_____Work Phone:_____Cell Phone:_____

Secondary **Emergency** contact:

Name: _____ Relationship:_____

Address:_____

Home Phone: _____ Work Phone:_____Cell Phone:_____

Medical Information:

Doctor's Name:_____Phone#:_____

Address:_____

Cardiac Patient? ( ) Yes ( ) No Pacemaker? ( ) Yes ( ) No

Allergies:_____

List any medical problems.	**List any medications you take.**

Insurance Information: Medicare Number: _____

Private Insurance Co. and Number: _____

Information provided will be kept confidential

Annual fee: $20 for Rye Brook Residents and $40 for Non Residents.

All checks must be made payable to Rye Brook Seniors.