

**Cumberland Senior Center  
401-334-2555  
Membership Form**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Phone Number:** House \_\_\_\_\_ **Cell** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**In case of an emergency, please notify:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home/Cell Phone:** \_\_\_\_\_

**Office Use Only**

**Fee: Cumberland Resident - \$8.00pp** \_\_\_\_\_

**Non Cumberland Res. - \$12.00pp** \_\_\_\_\_

Please make checks payable to The Town of Cumberland

**Membership number:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Secretary's Initials:** \_\_\_\_\_

**Cash:** \_\_\_\_\_

**Check #:** \_\_\_\_\_

**Town Hall Receipt  
Cumberland Senior Center Membership**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Cash:** \_\_\_\_\_

**Check #:** \_\_\_\_\_