

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:** _____

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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 #: _____

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Town Hall Receipt
Cumberland Senior Center Membership

Name: _____

Date: _____

Cash: _____

Check #: _____