

APPLICATION FOR CLUB MEMBERSHIP

Thunder Road Seniors

2 Thunder Road, Colonie, NY 12205 Phone (518) 554-8588

Website: TRSeniors.org

THUNDER ROAD SENIORS CLUB MEMBERSHIP			
Today's date:		Date of Birth: / /	
Last Name:		<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms. Sex:
First Name, Middle Initial:		<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> M <input type="checkbox"/> F
Street Address:			
P.O. box:	City:	State: NY	ZIP Code:
Home phone # ()		Cell # ()	
E-Mail:			
EMERGENCY CONTACT INFORMATION			
Name:		Relationship:	
Address:		Home #: () Cell#: ()	
Name:		Relationship:	
Address:		Home #: () Cell#: ()	
AGREEMENT WITH THUNDER ROAD SENIORS, INC ORG			
<p>I understand that the Thunder Road Seniors membership dues are for one (1) calendar year starting each January 1st. There are no partial year membership fees.</p> <p>I understand that I paid a non-refundable membership fee of \$10 (check or money order made payable to "<i>Thunder Road Seniors, Inc.</i>")</p> <p>I agree to abide by the Rules, Policies and Guidelines of the Thunder Road Seniors Club and the facility in which we operate. I will observe any conditions or decisions made by the Thunder Road Seniors Board of Directors and the facility leader(s) of the facility in which we operate.</p> <p>I agree to indemnify and hold blameless the Thunder Road Seniors Club and the facility in which we operate for any injury or damage I sustain to my person or property while I am in the facility regardless of the cause of such injury or damage.</p>			
SIGNATURE: _____			
DATE: _____ 20__ <input type="checkbox"/> Volunteer (Check if you are interested)			