

APPLICATION FOR CLUB MEMBERSHIP



2 Thunder Road, Colonie, NY 12205 Phone# (518) 452-2591

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	
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

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.

I understand that I paid a non-refundable membership fee of \$12 (check or money order made payable to "*Thunder Road Seniors, Inc.*")

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.

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.

SIGNATURE: _____

SIGNED _____ **DATE:** _____ 20____