

Year _____

TOWN OF COLONIE SENIOR CLUBS
PRIMARY MEMBERSHIP FORM

First Name		Middle Initial		Last Name	
Street Address					Apt. No.
City			State	Zip Code	Date of Birth
Home Phone			Cell Phone		
E-mail Address					

NEW members please select your primary club:

<input type="checkbox"/>	Christ Our Light Seniors	<input type="checkbox"/>	Menands Senior Citizens Club
<input type="checkbox"/>	Colonie Senior Citizens Club	<input type="checkbox"/>	Towers of Colonie Silver Streakers
<input type="checkbox"/>	Lisha Kill Senior Citizens Club	<input type="checkbox"/>	Thunder Road Seniors

Current members wishing to change their primary club:

*Select **CURRENT** club below:*

*Select **NEW PRIMARY** club below:*

<input type="checkbox"/>	Christ Our Light Seniors	<input type="checkbox"/>	Christ Our Light Seniors
<input type="checkbox"/>	Colonie Senior Citizens Club	<input type="checkbox"/>	Colonie Senior Citizens Club
<input type="checkbox"/>	Lisha Kill Senior Citizens Club	<input type="checkbox"/>	Lisha Kill Senior Citizens Club
<input type="checkbox"/>	Menands Senior Citizens Club	<input type="checkbox"/>	Menands Senior Citizens Club
<input type="checkbox"/>	Towers of Colonie Silver Streakers	<input type="checkbox"/>	Towers of Colonie Silver Streakers
<input type="checkbox"/>	Thunder Road Seniors	<input type="checkbox"/>	Thunder Road Seniors

Member Signature

Date

Below for Town of Colonie use only

Added: Yes No	Date: _____
Reason not added: _____	Initials _____

APPLICATION FOR CLUB MEMBERSHIP

Thunder Road Seniors

P.O. Box 13062, Albany, NY 12212

Phone# (518) 250-6805

Email: thunderroadseniors@gmail.com Website: TRSeniors.org



THUNDER ROAD SENIORS CLUB MEMBERSHIP

Today's date:		Date of Birth: / /	
Last Name:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Sex:	OFFICE USE ONLY <input type="checkbox"/> PRIMARY <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> SOCIAL
First Name, Middle Initial:	<input type="checkbox"/> Ms. <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. ORGANIZATION

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 \$10 (check or money order made payable to "Thunder Road Seniors, Inc.")

I agree to abide by the Rules and Regulations 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: _____

DATE: _____ 20__

Volunteer (Check if you are interested)