



LEON MATHIEU SENIOR CENTER
420 MAIN STREET, PAWTUCKET, RI 02860



2024 Activity Membership Form

PLEASE PRINT CLEARLY

Name _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Birth Date _____ Phone # _____ Gender M F

Email address _____

RACE/ETHNICITY: <input type="checkbox"/> Caucasian / White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Hispanic Other _____	LANGUAGE (S): <input type="checkbox"/> English <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish <input type="checkbox"/> Cape Verdean Creole	MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
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Emergency Contact:

Name _____ Relationship _____

Work/Cell Phone # _____ Home Phone # _____

For Office Use Only

CITY RESIDENT MEMBERSHIP DUES \$7.00

OUT OF CITY DUES \$10.00

METHOD OF PAYMENT CASH CHECK

DATE PAID _____ AMOUNT \$ _____

MEMBERSHIP ID SCAN NUMBER X _____

Senior Center Transportation Needed? YES NO

<input type="checkbox"/> NEW
<input type="checkbox"/> RENEWAL