



New Membership Registration for the City of Rio Rancho Department of Senior Services

FOR OFFICE USE ONLY

Registration Date: _____

DSS Barcode: _____

Completed by (Staff/Volunteer): _____

NAME

PLEASE PRINT CLEARLY

Last: _____ First: _____ MI: _____

Nickname: _____ Date of Birth: ___ / ___ / ___ Gender: M F

Mo. Day Year

(Please Circle One) Single Married Widow/Widower Domestic Partnership

ADDRESS

Mailing Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

Cell #: () _____ Home phone #: () _____ E-Mail Address: _____

EMERGENCY CONTACTS

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Alternate Phone: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Alternate Phone: _____

Division of Senior Services membership and activities are available to all individuals aged 55 and over.

Signature

Date

PLEASE REMEMBER THAT YOUR MEMBERSHIP MUST BE RENEWED ANNUALLY.

Entered into MySeniorCenter by: _____

Checked by: _____

Note: Please print your name and not initials. Thank you.