



# Salem Senior Services Registration Form

*So that we may better serve you, we ask that all Seniors who actively partake of the programming offered by Salem Senior Services provide us with the following information.*

*General participation is FREE for Salem Residents and \$25 per year for non-residents.*

*Please complete this form and return it to the front desk of the Senior Center or mail to:  
Salem Senior Services, 1 Sally Sweet's Way, Salem NH 03079*

Please **PRINT**:

First Name	Nick Name	Middle Initial	Last Name
Street Address including Apartment/Unit Number if Applicable or Post Office Box			
City	State	Zip Code	
Phone Number (      )	Email Address	Gender (circle) M    F	Date of Birth
Name and Activities or hobbies desired on Name Badge:			
<p>What motivated you to come in today? _____</p> <p>Activities and Programs you want to participate in: _____</p> <p>_____</p> <p><b><i><u>If there is a second person at the same address who participates, please enter the name below:</u></i></b></p>			
First Name of second member	Nick Name	Middle Initial	Last Name
Email Address	Gender (circle) M            F		Date of Birth
Name and Activities of Hobbies desired on Name Badge			
<p>What motivated you to come in today? _____</p> <p>Activities and Programs you want to participate in: _____</p> <p>_____</p>			