Please check one **NEW MEMBERFORM____UPDATE FORM____**

HARWICH COUNCIL ON AGING
100 OAK STREET
HARWICH, MA 02645

Computer ___
Member Card ___

Date: ___/___/___

PLEASE COMPLETE ENTIRE FORM

Mr./Mrs./Ms./etc.

Last Name: First Name:

Spouse:

Phone:

Home Address:

Town/Zip

Mail Address:

Town/Zip:

E-mail address

Date of Birth ___/___/___ Spouse Date of Birth ___/___/___

Do you want newsletters mailed to you? e-mailed to you?

No Newsletter is mailed out of Town. What months, if any, are you normally away? No newsletter will be sent out during those months.

Jan___Feb___Mar___Apr___May___Jun___July___Aug___Sep___Oct___Nov___Dec___

EMERGENCY INFORMATION, PLEASE COMPLETE

Name:

Address:

Town/Zip:

Phone:

Relationship:

Name:

Address:

Town/Zip:

Phone:

Relationship:

Created with nitroPDF professional
download the free trial online at nitropdf.com/professional