

New Membership

Replacement Card

Change of Information
(address, phone, etc)

ELMWOOD HALL – DANBURY SENIOR CENTER MEMBERSHIP APPLICATION

Return to 10 Elmwood Place, Danbury, CT 06810

****All information MUST be filled out!***

(Please Print)

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Date of birth: (MM/DD/YYYY) _____

Email Address: _____

PHOTO RELEASE

I, **(print name)** _____ hereby authorize Elmwood Hall Senior Center to take and use my photograph and/or name for printed or electronic publications related to Elmwood Hall functions and activities, such as, but not limited to, news releases, publications, and the City of Danbury website. I authorize the use of my name and/or image(s) without compensation to me. Any photograph negatives, prints, and digital reproductions shall be the property of Elmwood Hall Senior Center.

I agree to release any employees, contractors, agents and representatives of the City of Danbury and Elmwood Hall Senior Center from liability for any claims by me in connection with the authorized use of my name and/or photo(s) as described above.

Further, I understand that my agreement to use my name and/or photo(s) as described in this authorization and release is completely **voluntary**.

Signature: _____

Date: _____

*Address: _____ *Phone: _____

****Please note: Your residential address and phone number will not be disclosed in any publications or on the City's website.***

IN CASE OF EMERGENCY

Name of who to call: _____

Relationship to you: _____

Their phone #: (_____) _____