

JAMES P. NIX CENTER

One Bayou Drive, Fairhope, Alabama 36532
Phone: 251-928-2835 Fax: 251-990-0207

MEMBERSHIP APPLICATION

Please Print:

Application Date: _____

Name: _____

Birth Date: _____

Spouse's Name (if joining): _____

Birth Date: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Would you be interested in volunteering your time at the center: Yes _____ No _____

What type of programs are you interested in? Please be specific. If you like to play cards, please name the specific card game:

In the event of emergency, please notify: _____

Relationship: _____ Phone: _____

Physician's Name: _____ Phone: _____

Medical History that may be beneficial to aid the staff or ambulance personnel:

Annual membership is \$25 per year, per member. Please keep your membership card with you at all functions to guarantee membership prices.

Receptionist's Initials: _____

Receipt No.: _____