

JAMES P. NIX CENTER MEMBERSHIP
APPLICATION

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

Please Print:

Name: _____

Month, Day, and Year of your Birthday: _____

Spouse's Name: _____

Month, Day, and Year of Spouse's Birthday: _____

Mailing Address: _____

Phone Number: _____

E-Mail Address: _____

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

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

Type of membership: Renewal _____ New Member _____

All Membership Fees are: \$25.00

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

Please keep your membership card with you at all functions to guarantee membership prices.

Receptionist Initials _____
10/10/03a

Receipt No. _____