

Active Seniors Inc.
100 Harvest St., Salinas, CA 93901-3211
831-424-5066 www.activeseniorsinc.org

First Name _____

First Name (Spouse if member) _____

Last Name _____

Mailing Address _____

City _____ State _____

Zip Code (9 digit if known) _____ - _____

Home Phone _____ - _____ - _____

Cell Phone _____ - _____ - _____

Spouse _____ - _____ - _____

Email Address _____ @ _____

Spouse _____ @ _____

Emergency Phone _____ - _____ - _____

Emergency Contact Name _____

Birth Month _____

Date Paid _____ Amount _____

Paid by (check no., cash or CC) _____

Recv. Newsletter by - Email _____ USPS _____ None _____

Activity Interests _____

Attendant _____ Date _____

Note: If all items above the red line on the data sheet are confirmed correct by the applicant, check box below

Data confirmed correct by applicant