

Year _____

Town of Colonie Senior Clubs
Primary Membership Form

First Name		Middle Initial		Last Name	
Street Address					Apt. No.
City			State	Zip Code	Date of Birth
Home Phone			Cell Phone		
E-mail Address					

NEW members please select your primary club:

<input type="checkbox"/>	Christ Our Light Seniors	<input type="checkbox"/>	Menands Senior Citizens Club
<input type="checkbox"/>	Colonie Senior Citizens Club	<input type="checkbox"/>	Towers of Colonie Silver Streakers
<input type="checkbox"/>	Lisha Kill Senior Citizens Club	<input type="checkbox"/>	Thunder Road Seniors

Current members wishing to change their primary club:

*Select **CURRENT** club below:*

*Select **NEW PRIMARY** club below:*

<input type="checkbox"/>	Christ Our Light Seniors	<input type="checkbox"/>	Christ Our Light Seniors
<input type="checkbox"/>	Colonie Senior Citizens Club	<input type="checkbox"/>	Colonie Senior Citizens Club
<input type="checkbox"/>	Lisha Kill Senior Citizens Club	<input type="checkbox"/>	Lisha Kill Senior Citizens Club
<input type="checkbox"/>	Menands Senior Citizens Club	<input type="checkbox"/>	Menands Senior Citizens Club
<input type="checkbox"/>	Towers of Colonie Silver Streakers	<input type="checkbox"/>	Towers of Colonie Silver Streakers
<input type="checkbox"/>	Thunder Road Seniors	<input type="checkbox"/>	Thunder Road Seniors

Member Signature

Date

Below for Town of Colonie use only

Added: Yes No	Date: _____
Reason not added: _____	Initials _____