



SENIOR MEMBERSHIP REGISTRATION FORM
2024 – 2025

PLEASE PRINT

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

DATE OF BIRTH (Month/Day/Year): _____

CITY OF WIXOM MEMBERSHIP DUES FOR 2024-2025
*MEMBERSHIP IS GOOD FOR 1 YEAR FROM DATE OF REGISTRATION
Wixom Resident / Taxpayer – \$10.00
All Other Communities Resident / Taxpayer - \$15.00

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

NAME: _____ PHONE: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

MEDICAL INFORMATION (OPTIONAL):

Allergies: _____

Do you have any special medical conditions? _____

Physician's Name: _____ Phone: _____

Preferred Hospital: _____

SIGN: _____ DATE: _____

Civic Rec _____
Email _____
Excell _____