



AVA DORFMAN SENIOR & COMMUNITY CENTER  
305 E. Locust St.  
Rome, N.Y. 13440

Membership Application Form

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Data info required for funding (Optional)

Caucasian \_\_\_\_\_ Asian \_\_\_\_\_

Hispanic \_\_\_\_\_ African-American \_\_\_\_\_

Other \_\_\_\_\_ Vietnam Veteran \_\_\_\_\_

E-MAIL \_\_\_\_\_

In case of emergency notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Interest: \_\_\_\_\_

Fitness Classes \_\_\_\_\_ Exercise Machines \_\_\_\_\_ Trips \_\_\_\_\_

Cards: \_\_\_\_\_ Types of Volunteering \_\_\_\_\_

Other Interests not listed above \_\_\_\_\_ + \_\_\_\_\_

\_\_\_\_\_

Skills: Please list a few of your personal skills

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you like your newsletter delivered:

Read On Website \_\_\_\_\_

Pick up at Center \_\_\_\_\_

Mail \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_