



PENACOOK  
COMMUNITY CENTER, INC.

Penacook Community Center, Inc.  
Post Office Box 6008  
Penacook, New Hampshire 03303  
(603) 753-9700

**APPLICATION FOR: SENIOR MEMBERSHIP PROGRAM**

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

In the event of an emergency, contact: \_\_\_\_\_

Phone: \_\_\_\_\_

CPR or First Aid Certified: YES NO (circle one)

Annual Membership Dues= \$45.00  
Semi Annual Membership Dues= \$22.50

OFFICE USE ONLY

Membership Origination Date: _____	Dues Paid: _____	Amount: _____
Membership Expiration Date: _____	Administration Initials: _____	DATE

**\*RELEASE FORM\***

\_\_\_\_\_ I hereby give my permission for photography/videos of myself to be used by PCC.

\_\_\_\_\_ I hereby give my permission to release my name, address & phone numbers to Senior Members and PCC staff.

Member Signature \_\_\_\_\_  
Date \_\_\_\_\_

Staff Signature \_\_\_\_\_  
Date \_\_\_\_\_