

Golden Age Center



The Town of Grand Island

Director

BARBARA A. GANNON

3275 WHITEHAVEN ROAD  
GRAND ISLAND, NEW YORK 14072  
(716) 773-9682

Date Joined \_\_\_\_\_

Membership Application:

Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Birthdate \_\_\_\_\_

E-mail address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact's relationship to member \_\_\_\_\_

Emergency Contact's Telephone Number \_\_\_\_\_

Optional Information:

Former Occupation \_\_\_\_\_

Allergies that we should know about \_\_\_\_\_

Medical information we should know about  
\_\_\_\_\_  
\_\_\_\_\_

What are your interests and talents?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_