

SALVATORE MANCINI RESOURCE & ACTIVITY CENTER

Two Atlantic Boulevard ~ North Providence, RI 02911



Member Application 2017

Last Name: _____ First: _____

Address: _____ Apt#: _____

City/Town: _____ State: _____ Zip Code: _____

E-mail: _____

Home Telephone#:(____) _____ Cellular #:(____) _____

Newsletter: Pick Up at SMRAC: _____ Mail: _____
(I want to pick my newsletter 2 days before the end of the month) (I want my newsletter to be mailed)

Sex: Male__ Female__ Veteran: Yes__ No__ Date of Birth: ____/____/____

Marital Status: _____ Spouse's Name: _____

Ethnicity: Non-Hispanic/Latino ____ Hispanic/Latino ____

Race: Caucasian ____ African American ____ Asian ____ Native Hawaiian/Pacific Islander ____

EMERGENCY INFORMATION

Primary Contact: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home #:(____) _____ Work #:(____) _____ Cellular:(____) _____

2nd Contact: _____ Relationship: _____ Phone: _____

Medical Information:

Primary Doctor: _____ Phone #: _____

Allergies: _____

Medical Condition(s) you want us to be aware of: _____

North Providence Resident Fee: \$12.00 Non-Resident Fee: \$17.00
Checks Payable to SMRAC Membership Valid: 1/1/17 to 12/31/17

Office Use Only: Card Number: _____ Paid Date: _____ Cash/Check Photo Taken: _____
Received by : _____ Entry Date: _____ Entry By: _____