



SENIOR CITIZEN REGISTRATION FORM

July 1, 2009- June 30, 2010

DATE _____

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

If you have a Walled Lake mailing address, please indicate if you pay taxes to: **WALLED LAKE** or **COMMERCE** (please circle one)

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS _____

ARE YOU OVER AGE 50? _____ BIRTHDAY: _____

FEES	
Wixom Taxpayer	\$ 7.00
Walled Lake Taxpayer	\$ 7.00
All others	\$12.00

IN CASE OF EMERGENCY, PLEASE CONTACT

#1 Name _____ Phone _____ Relationship _____

#2 Name _____ Phone _____ Relationship _____

MEDICAL INFORMATION- OPTIONAL

Please list all medications _____

Please list all allergies _____

Do you have any special medical conditions? _____

Physician's Name _____ Phone # _____

Preferred Hospital _____

Your Signature _____

For office use only: Date: _____ Amount Paid: _____ Method of Payment: _____ Initials: _____