

Winona Senior Friendship Center Membership Form
251 Main Street
Winona, MN 55987
(507)454-5212

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Day phone (if different):** _____

Person to contact in case of an emergency: (*preferably not your spouse*)

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Please list any medications you are presently taking: _____

Are there any medical problems that we should be aware of: _____

Doctor: _____ **Phone:** _____

I fully understand that the City of Winona and the Winona Senior Friendship Center are in no way liable for accidents, injuries and/or for loss of money, clothing, jewelry and other personal items, while I am at the Center or at any activity held by the Center outside of the building at 251 Main Street.

Signature: _____

Date: _____