

GAUTIER SENIOR CITIZEN MEMBERSHIP APPLICATION

I. Name: _____

Address: _____

Phone # _____ **Sex:** M _____ F _____ **DOB:** _____

Email: _____

II. In case of emergency, call:

Name: _____ **Phone #** _____

Doctor's Name: _____ **Phone #** _____

MEMBERSHIP SURVEY

1. Please check (x) any and all of the following activities in which you MIGHT be interested.

___ I would like to be on the Gautier Senior Citizens Mailing List

___ Covered Dish (pot luck) luncheons

___ Dutch treat luncheons

___ Gardening on the center grounds

___ Seminars (Special Topics such as: _Fitness _Food and Weight Control)

___ Health Fairs (local)

___ Floats for Gautier parades

___ Annual Senior Citizens prom (May)

___ Annual Golden Age Christmas Party (December)

___ Workshops, Forums, Symposiums

___ Investment Club

___ Dance: _____ Line _____ Square _____ Other: _____

___ Exercise: _____ Aerobics _____ Other: _____

2. Tours: _____ Day Trip _____ 2 Day Trip _____ 3 or More Days _____

___ Along Coast (Van, Bus) _____ Out of State (Bus) _____

___ Cruise (River, Bay) _____ Cruise (Ocean Liner) _____

3. Playing Games at Center:

___ Bridge _____ Checkers Rook (cards) _____ Dominoes _____

Bingo _____ Scrabble _____ Chess _____ Other: _____

4. Arts and Crafts:

___ Cake Decorating ___ Flower Arranging ___ Bow Making ___ Quilting

___ Ceramics ___ Painting ___ Macramé' _____ Wood Carving _____

Building Bird Houses/Feeders _____ Other: _____

5. Hobbies:

___ Bird Watching ___ Fishing & Crabbing Activities _____ Photography _____

___ Other: _____

6. If asked, I MIGHT consider serving on the following committees:

___ Bingo Dominoes _____ Refreshments _____ Steering _____

___ Float _____ Tour _____

___ Office Help _____ Booth _____ Sunshine _____ Attendance

(phone)

Dance _____ Other: _____

PLEASE COMPLETE & RETURN to Jan McQuillen at Gautier Senior Center 914 De La Pointe Dr. 228-497-5189