



Division of Community Resources  
Department of Community Services

Absalom Jones Senior Center  
310 Kiamensi Road, Wilmington DE 19804

### Membership Card

NEW CASTLE COUNTY SENIOR SERVICES

F E LA + 75

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
(LAST) (FIRST)

ADDRESS \_\_\_\_\_

D.O.B. \_\_\_\_\_ \*PROOF \_\_\_\_\_

LIVES: ALONE \_\_\_ SPOUSE \_\_\_ FAMILY \_\_\_ FRIENDS \_\_\_ OTHER \_\_\_

MALE \_\_\_ FEMALE \_\_\_ RACE \_\_\_\_\_

TRANSPORTATION: OWN CAR \_\_\_ CENTER BUS \_\_\_

FRAIL/DISABLED: \_\_\_\_\_  
(EXPLANATION)

\*I verify that I am 60 years of age or older

Signature: \_\_\_\_\_



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EMERGENCY CONTACT:

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

PHONE \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

SPECIAL INSTRUCTION (Include diet and medication)

START DATE \_\_\_\_\_ INITIALS \_\_\_\_\_ TODAY DATE \_\_\_\_\_