



SALVATORE MANCINI RESOURCE & ACTIVITY CENTER
Two Atlantic Boulevard ~North Providence, RI 02911

Member Application 2012

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 ___ 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: 1/1/12 to 12/31/12

Office Use Only: Card Number: _____ Paid Date: _____ Cash or Check

Received by : _____ Entry Date: _____ Entry By: _____