

Senior L.I.F.T. Center Inc.

Last Name	First Name		
Phone	Birthdate		
Street Address			
Apt#	City	Zip Code	
Date Joined	Spouse		
Charter Member	Renewal	New	
Emergency Contact			
	Name	Phone	Relationship
Physician			
	Name	Phone	
Former Occupation			Email
	(Optional)		
Allergies			
Medical/Physical Illness			

I agree and understand that I am hereby waiving and releasing the Senior L.I.F.T. Center from any and all claims, costs, liabilities, expenses or judgements that arise out of my participation in the Senior L.I.F.T. Center programs.

Signature	Date of Signing
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Please mail application and payment (\$60 for renewals, \$70 for new members)* for annual dues, to: Senior L.I.F.T. Center, Inc.
12480 SW 127 Ave., Miami, FL 33186

* Beginning Feb 1, membership will be \$70 for all new members and renewals.

Comments: