

Crest Forest Senior Citizens' Club - 2019 Membership Application

P.O. Box 317, Crestline, Ca 92325 - 24658 San Moritz Drive, (909) 338-5036

\$20 per year per person - Valid Jan through Dec - Checks payable to CFSCC, Non Refundable

Name: _____ Spouse: _____

Address: _____ Mailing: _____

City/State/Zip _____ Home Ph# _____

Cell Ph#: _____ Email: _____

Birthday / / _____
 Anniversary / / _____
 Occupation _____
 (Before Retirement)

In Case of Emergency (after contacting 911):

Name & Phone Number _____ Relationship: _____

Name & Phone Number _____ Relationship: _____

How did you hear about us? _____ Who referred you to us? _____

NewsPaper: _____ Website: _____ Other: _____

Signature: _____ Date: _____

How are you going to participate in your club?

Activities/ Groups

Art	<input type="checkbox"/>
Book Club	<input type="checkbox"/>
Bowling	<input type="checkbox"/>
Cards	<input type="checkbox"/>
Casino Night	<input type="checkbox"/>
Computer	<input type="checkbox"/>
Cooking Class	<input type="checkbox"/>
Dancing	<input type="checkbox"/>
Day Trips	<input type="checkbox"/>
Decorating	<input type="checkbox"/>
Exercise Class	<input type="checkbox"/>
Gardening	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>
Knitting	<input type="checkbox"/>
Music	<input type="checkbox"/>

Movies	<input type="checkbox"/>
PEARLS	<input type="checkbox"/>
Prayer Chain	<input type="checkbox"/>
Quilting	<input type="checkbox"/>
Scrapbooking	<input type="checkbox"/>
Nutrition Lunch	<input type="checkbox"/>
Special Events	<input type="checkbox"/>
Table Tennis	<input type="checkbox"/>
Yoga	<input type="checkbox"/>
Walking the Lake	<input type="checkbox"/>
WII	<input type="checkbox"/>
Zumba Gold	<input type="checkbox"/>
Teach a Class In: _____	
Other: _____	

Volunteer

Board of Directors	<input type="checkbox"/>
Trustees:	<input type="checkbox"/>
*Event Set up	<input type="checkbox"/>
*Maintenance	<input type="checkbox"/>
Front Desk	<input type="checkbox"/>
*Phone Tree	<input type="checkbox"/>
Grounds Grooming	<input type="checkbox"/>
Nutrition Program:	<input type="checkbox"/>
*Fundraising	<input type="checkbox"/>
*Serving	<input type="checkbox"/>
Thrift Store :	<input type="checkbox"/>
*Moving/Hauling	<input type="checkbox"/>
*Sorting	<input type="checkbox"/>
Transportation	<input type="checkbox"/>

Office Use Only:

Date _____ New/Renew _____ Paid _____ Receipt# _____

Email: _____ Newsletter Mailed or Emailed: _____ Call Li
 Roster: _____ Chairperson: _____ Do Not C