



FALLBROOK SENIOR CENTER

399 Heald Lane, Fallbrook, CA 92028 - 760-728-4498

Membership Application - Annual Dues \$25.00

Name: _____

Date: _____

Address: _____

City, State, Zip: _____

Phone: _____

Date of Birth: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

How would you like to receive the monthly newsletter? Email Pickup Both

Email (required for email option on newsletter): _____

Current/Prior Occupation: _____ Hobbies & Interests: _____

Participation in any activities at the Fallbrook Senior Citizens Service Club is at your own risk.

Signature _____

We value your privacy and are committed to protecting your personal information. Please be assured that any information provided in this form will remain confidential and will not be shared, sold, or disclosed to any third parties without your explicit consent, except as required by law. Your trust is important to us, and we take every precaution to ensure the security of your data