



**CITY OF WHITE HOUSE  
SENIOR CITIZENS CENTER  
105 College Street  
White House, TN 37188  
615-672-4350 ext. 2116**

**Member Information**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Primary Doctor's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Please list all medications that you are currently taking, along with each dose:**

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**If any of your medications change, please inform the Senior Center staff so that changes may be made to your member information.**

**Please list any medical conditions and/or allergies that our staff may need to be aware of if something was to happen to you on a trip or during daily activities:**

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