

# REGISTRATION FORM

## Town of North Kingstown

Department of Senior and Human Services  
and Friends of Beechwood Membership  
44 Beach Street  
North Kingstown, RI 02852

## Office use only

NKSA #2017: Renewal	___	New	___
NKSA #2018: Renewal	___	New	___
NKSA #2019: Renewal	___	New	___

Date: \_\_\_\_\_

(Please Print)

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Marital Status: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_

Gender: Male: \_\_\_\_\_ Female: \_\_\_\_\_

\*Ethnic Background (Please Check One): White, not Hispanic Origin: \_\_\_ Hispanic: \_\_\_

American Indian/Alaskan: \_\_\_ Asian/Pacific Islander: \_\_\_ Black, not Hispanic \_\_\_ Other: \_\_\_

Education/Occupation: \_\_\_\_\_

Special Qualifications/Skills: \_\_\_\_\_

Are you interested in volunteering for Beechwood? \_\_\_\_\_

Time and Availability: \_\_\_\_\_

### In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

NEWSLETTER: Pick Up at Beechwood  Mail

### Friends of Beechwood Annual Membership (January-December)

NK resident (Individual) \$10.00 ~ NK resident (Couple) \$15.00

Non-Resident (Individual) \$20.00 ~ Non-Resident (Couple) \$25.00

Please make Checks payable to NKSA
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\*Ethnic Background required by State and Federal Agencies. All information retained as confidential records by Town of North Kingstown Senior and Human Services

## Please complete the reverse side

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