Friends of Indian Senior Citizen's Organization

MEMBERSHIP FORM

Please fill out this form in its entirety. *** Required fields are compulsory.**

PERSONAL INFORMATION

First Name *

Last Name *

Email *

Birthday *

Cell Phone *

SPOUSE INFORMATION

Spouse First Name*

In the absence of spouse, please enter N/A

Spouse Last Name*

In the absence of spouse, please enter N/A

Spouse's Email

Spouse's Cell Phone

Spouse Date of Birth

ADDRESS

Country / Region *

Address *

City *

Zip / Postal Code *

Home Phone

ADDITIONAL INFORMATION

Spoken Languages _____

Health Conditions (Any Special Needs) _____

Hobby / Interests _____

EMERGENCY CONTACTS

Emergency Contact 1 (Required)

Contact 1 Name * _____

Cell Phone * _____

Relationship to Applicant * _____

Emergency Contact 2 (Optional)

Contact 2 Name _____

Cell Phone _____

Relationship to Applicant _____

PAYMENT

How would you like to pay your membership fee? *

☐ Online (Zelle)

☐ Check

☐ Cash _____

DATE & SIGNATURE

Date of Signing Up * _____

Signature * _____

DISCLAIMER

Participation in FISCO activities is voluntary and based on each member's health condition and physical ability. By participating, members acknowledge and accept responsibility for any risks, injuries, or incidents that may arise during or because of participation.

Membership is valid for life. The $200 fee is a one-time, non-refundable payment.