

BRASS Membership

Waterbury BRASS is a city-wide project funded by The Connecticut Community Foundation and the City of Waterbury.

BRASS is dedicated to the health and wellness of Waterbury residents age 60 and over.

BRASS provides a variety of free social, educational and wellness programs for your enjoyment. Programs are held at various locations throughout the City and are coordinated by New Opportunities Inc.

As a BRASS member, you will also receive our program newsletters and access to local merchant discounts.

For more information, please call **203-575-4219** Or

email: pvargas@newoppinc.org

Thank you for your interest. We look forward to receiving your membership registration form!

BRASS Membership Registration

Mail to: New Opportunities Inc.
232 North Elm Street • Waterbury, CT 06702
ATTN: BRASS

Name:
Address:
Town, Zip Code:
Home Phone: Date of Birth:Gender M or F
Cell Phone: Email:
Veteran or Spouse of a Veteran Yes No Race: Caucasian AfricanAmerican Asian/Pacific Islander Hispanic/Latino Other
Emergency Contact & Relationship:
Phone Number:
Please check if you are presently a member of a BRASS Program Site: Mt. Olive Senior Center
Suggestions for future programs:

PHOTO CONSENT AND RELEASE

The undersigned does hereby promise, consent and agree that Waterbury BRASS and its affiliates (CT Community Foundation, New Opportunities, Inc., Western CT Area Agency on Aging and the City of Waterbury) or its employees, agents or representatives, may photograph the undersigned with television, video, movie or still camera. The pictures & any statements or voice recordings made at the time of photography or in connection with the photography may be processed in any manner and by whatever method or combination of methods that BRASS elects, unless restrictions on use are specified herein. Furthermore, the undersigned agree(s) to waive any right or claim they might have to any compensation, fees or other benefits by use or reuse of the video/photograph and the undersigned hereby releases BRASS & its affiliates named above from any claim or demands for

identification purposes. Name	Signature (client/responsible party)	Date
	Revised 5/16	