



COMMISSION ON AGING

SHARE-THE-FARE

REGISTRATION

Name:
Address:
City:
Zip:
Telephone #: <input type="checkbox"/> Home <input type="checkbox"/> Cell
Email Address:
Proof of Identity and Eligibility: <input type="checkbox"/> Driver's License <input type="checkbox"/> Non-Driver ID <input type="checkbox"/> Other _____
Written policy given to registrant: <input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Initials: Date: