

Hill City Senior Citizens  
PO Box 440, Hill City, SD 57745 (605) 574-3211

## Individual Member Information and Contact Sheet

Annual Membership Dues - \$25.00

DATE: \_\_\_\_\_ New Member \_\_\_\_\_ or Renewal \_\_\_\_\_ (check one)

### Member Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Spouse Name \_\_\_\_\_ Spouse is a member \_\_\_\_\_ Y \_\_\_\_\_ N

Spouse Birth Date (if member) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt#/Lot# \_\_\_\_\_

Mailing address/PO Box # \_\_\_\_\_  
(NOT needed if mailing address is the same as street address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### Emergency Contacts (please provide one or more)

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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E-MAIL Address: \_\_\_\_\_

Spouse E-MAIL Address (if member): \_\_\_\_\_

Newsletter: Mail \_\_\_\_\_ Email \_\_\_\_\_ I don't want a newsletter \_\_\_\_\_ (Please check one)

I want to receive robo-call phone updates about Center activities: Yes \_\_\_\_\_ No \_\_\_\_\_