

Individual Member Contact Information

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 () _____

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 ___

*****OFFICE USE ONLY*****

Date Paid _____ Amount _____ Check # _____ or Cash (X) _____

Date emailed or mailed hard copy of receipt to member _____ Form updated 4/2/24