

**TUSCARAWAS COUNTY SENIOR CENTER  
MEMBERSHIP/REGISTRATION FORM**

**PLEASE PRINT LEGIBLY** to ensure all correspondence arrives in a timely manner.  
Please notify us of any address changes. Bulk mailings (our newsletter) are not forwarded.

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Month/Day/Year

Social Security # \_\_\_\_\_ (last 4 digits only) Gender:  Male  Female

Mailing Address: \_\_\_\_\_ Phone (Home): \_\_\_\_\_

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

Email: \_\_\_\_\_ How would you like to receive your newsletter?  
 Mail or  Email

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

**PLEASE CHOOSE ONE OF THE MEMBERSHIP OPTIONS**

Social Membership Dues are **\$25.00** per year (Membership runs January 1 – December 31.)

V.I.P. Membership Dues are **\$55.00** per year (Membership runs January 1 – December 31)

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Do not write below this line. To be completed by Senior Center Staff.**

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**New Members:** Card \_\_\_\_\_ Newsletter \_\_\_\_\_ Code of Conduct Issued \_\_\_\_\_

Employee: \_\_\_\_\_

**DUES PAYMENTS:**

**VIP FITNESS PAYMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_