

**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): _____

City State Zip Phone (Cell): _____

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

Emergency Contact:

Name: _____ Relationship: _____

Phone (home): _____ Phone (cell): _____

Membership Dues are **\$20.00** per year (Membership runs January 1 – December 31.)

V.I.P. Membership Dues are **\$45.00** per year (Membership runs January 1 – December 31)

Member Signature: _____ Date: _____

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

New Members: Card _____ Newsletter _____ Code of Conduct Issued _____

Employee: _____

DUES PAYMENTS:

VIP FITNESS PAYMENTS:

_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____