

OLIVER SENIOR CENTER

MEMBERSHIP APPLICATION FORM (Please **PRINT**)

Name: **First** _____ **Last:** _____

Today's **Date:** _____

Are you a new member? YES NO – I'M RENEWING (please circle one)

Current Address: _____ Town: _____

Mailing Address (if different): _____ Postal Code: _____

E-Mail Address: _____ Telephone: _____

May we send you notices by email? Yes ____ No ____

PLEASE NOTE: We will not share your email address or phone number for any reason without your clear permission!

Date of Birth (optional): _____

Emergency Contact: Name _____ Telephone: _____

What activities are you interested in JOINING OR HELPING TO START?

Will you volunteer to help? _____ If yes, what activities, projects, events, or regular duties will you help with?

___ Reception ___ Kitchen prep ___ hot dogs ___ Kitchen clean-up

___ Bingo ___ Hall set-up/put away tables ___ Game coordinator

___ sell 50/50 tickets ___ dances

Events help (plan/prep/serve dinners, ticket taker, cleanup) _____

OTHER: _____

ACCEPTED BY: _____ UPDATED by: _____

\$ Paid: _____ DATE: _____ \$ Paid: _____ DATE: _____

\$ Paid: _____ DATE: _____ \$ Paid: _____ DATE: _____