



# MONROE COMMUNITY SENIOR CENTER

## NEW OR ANNUAL RENEWAL MEMBERSHIP APPLICATION

### \$30 Per Person/Per Year

(Basic membership, monthly newsletter, discounted rate for trips , activities and rentals)

### \$250 Individual Lifetime Membership

(Benefits above plus recognition in the annual report)

**PLEASE PRINT CLEARLY**

### MEMBER INFORMATION

Your Name:	Spouse/Partner Name:
Date of Birth:	Date of Birth:

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different than home address): \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

I hereby agree to Monroe Community Senior Center's (MCSC) Code of Conduct. I release MCSC and all of its agents from any liability for an accident, injury or damage of any kind to persons or property that might occur while participating in MCSC activities. By signing below, I give MCSC permission to use my photo in newsletters and other publicity and to receive periodic emails.

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

### PAYMENT INFORMATION

If you would like to make a donation in addition to your membership purchase, please note it below. Membership purchases are non-refundable and non-transferable to another person.

Membership	\$ _____
Donation	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

<b>FOR OFFICE USE ONLY</b>	
METHOD OF PAYMENT:	_____ CASH _____ CHECK _____ CREDIT CARD
RECEIPT NUMBER:	_____
Membership Card(s) Given?	_____
Data Entered into Membertrak	____/____/____ Initials _____