

Senior Citizens Center of Saratoga Springs Membership Form

Note: Give to Database Administrator before filing

Please Print Clearly

Today's date: _____ Entered in database by: _____

Name: _____

Address: _____ Apt.# _____

City: _____ State: _____ Zip: _____

Home Ph: _____ Cell #: _____

If we need to call you, do you prefer that we use your Home #? or Cell #?

Birthday: ____/____/____ May we share your birth mo/day in Center news? Y N

E-mail address: _____

Emergency Contact: _____ Emergency #: _____

How would you like to receive our monthly newsletter? (choose one)

Mail E-mail (Be sure to write in your email address above.)

If any information changes, please let us know.

List any special needs, skills, or interests you have.

Would you like to fill out a volunteer form to help us at the Center? Yes No

For Office Use Only

Membership Type: Regular Life President's Club Community Non-member

Dues Paid Year _____

Senior Citizens Center of Saratoga Springs

5 Williams St., Saratoga Springs, NY 12866 (518) 584-1621