

MARTIN ANDERSEN SENIOR CENTER
MEMBERSHIP APPLICATION
(December 21, 2016)

PLEASE PRINT

Date _____

Name _____ Telephone _____
Last First

Spouse _____ E-mail _____

Would you like to receive the newsletter via e-mail? _____ Yes _____ No

Address _____
Street City Zip

Are you age 50 or over? _____

In case of
Emergency, contact: _____
Name Telephone

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This senior center is operated entirely by seniors who volunteer their time and talents for the benefit of others. If you would be willing to do VOLUNTEER work at your center, please indicate the area or activity in which you would like to work, teach or assist. We will contact you when the need arises.

I would VOLUNTEER to WORK at:

- | | |
|--|---|
| <input type="checkbox"/> Hospitality Desk | <input type="checkbox"/> Host/Assist at Saturday Night Dances |
| <input type="checkbox"/> Blood Pressure Checks | <input type="checkbox"/> Newsletter Preparation |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Computer Records | |
| <input type="checkbox"/> Fund Raising Activity | |

I would VOLUNTEER to TEACH or ASSIST with:

- | | |
|---|---|
| <input type="checkbox"/> Ballroom Dancing | <input type="checkbox"/> Line Dancing |
| <input type="checkbox"/> Bridge Lessons | <input type="checkbox"/> Party Bridge |
| <input type="checkbox"/> Chorus | <input type="checkbox"/> Quilting |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> Tap Dancing, Beginning |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Tap Dancing, Advanced |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Writing Memories |

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DUES PAID \$ _____ RECORDED BY _____