

Office Use Only:

Last Name: _____

First Name: _____

Andover Senior Center
Membership Form

Paid: _____

CK _____ Cash _____

Receipt # _____

Date: _____ Name: _____ Date of Birth: _____ Anniversary: _____

New Member: _____ Renewal: _____ Honorary (*Free*): _____ Referred by:

(Note: Membership is \$12 per person per year) (Note: Honorary Members must be 90 years of age or older)

Address: _____ City: _____ Zip Code: _____

Cell Phone: _____ Land Line Phone: _____ Email: _____

May we send you our newsletter by email? Yes _____ No _____

Are you willing to volunteer in kitchen? Yes _____ No _____ Maybe _____

Are you willing to volunteer with Fundraisers? Yes _____ No _____ Maybe _____

Are you willing to volunteer with Activities/Events? Yes _____ No _____ Maybe _____

Talents/Hobbies/Interests: _____

Emergency Contact (other than spouse) that Andover Senior Center should contact in the event of an emergency:

Emergency Contact Name: _____ Relation: _____ Phone: _____

Emergency Contact Name: _____ Relation: _____ Phone: _____

Your photo may be taken during events. By becoming a member, you grant Andover Senior Center permission to use your photo for publicity purposes.

(Printed Name) _____

(Signature) _____

Andover Senior Center

410 Lioba Drive-Andover, KS

316-733-4441

Date signed _____

Thank You for Your Membership !

Andoverseniorcenter1@gmail.com

