



Portage Senior Center Membership Form

- Life Time Member \$250 Portage Resident \$25 per person per year
 Renewing Membership Non-Resident \$35 per person per year
 New Membership

Today's Date _____

First Name _____ Last Name _____ Middle Initial _____

Nickname _____ Date of Birth _____ Home Phone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____ E-mail address _____

Emergency Contact _____ Relationship to You _____

Phone _____ Cell Phone _____

I acknowledge that I have read and signed the City of Portage liability form. I understand that Portage Senior Center may use my photo in newsletters and other publicity.

Signature: _____ Date: _____

OPTIONAL: The Following Information is requested by many funding agencies. Your specific information will be kept confidential:

1. Race/Ethnicity Caucasian African American Asian Native American Other
2. Number of People in your household: _____
3. Monthly Household Income Range:
 \$0 - \$816 \$817 - \$1021 \$1022 - \$1375 More than \$1376

I will pick up the newsletter at the PSC. I can read it online and see it sooner! Receive in the mail

I would like more information on how to include a gift to the Portage Senior Center in my estate plans.

For Office Use Only

Received _____ Check # _____ Renewal Date _____ MSC# _____