



Portage Senior Center Membership Form

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

Name (First, MI, Last): _____
 Nickname: _____
 Date of Birth: _____
 Home Phone: _____
 Cell Phone: _____
 Address: _____
 City/ST/Zip: _____
 E-mail Address: _____
 Emergency Contact: _____
 Relationship to you: _____
 Emer. Contact Phone: _____

- 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.
 I would like to support **Friends of Portage Senior Center** by including a donation of \$_____.

I acknowledge that I have read and signed the City of Portage liability form. I understand that the 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.

- Race/Ethnicity** Caucasian African American Asian Native American Hispanic Native Hawaiian/Pacific Islander
Are you the Head of your Household? Yes No **Do you Live Alone?** Yes No
Monthly Household Income: \$0 - \$816 \$817 - \$1,021 \$1,022 - \$1,375 More than \$1,376

For Office Use Only

Rcvd _____ Ck# _____ Renewal Date _____ MSC# _____ Proc _____
 Date / Initials (or Cash) MM/YY Initials