

2017 Senior Citizen Membership Application

\$10.00 Individual I am a new member I am a renewing member

Return this form to: Montevideo Community Center
550 South 1st Street
Montevideo, MN 56265

This information is important for our records

First and Last Name _____

male female

Street, Apt. or Box# _____

City, State, Zip _____

Telephone number with area code _____

Cell phone number with area code _____

E-mail address (for activity updates only) _____

Birthdate (Month-day-year) _____

Are you willing to bring food to the birthday party when it's your birthday month?

Yes No If yes, you will be contacted one week ahead of the party.

Emergency Contact _____ Phone _____

Present or former occupation _____

Skills, Hobbies or Interests _____

Are you a veteran? yes no (first year membership is free)

I would like to find out more about:

Senior Dining or Meals on wheels

Memory Loss programs

Volunteer opportunities

What programs or services would you like to see the Community Center offer?

For office use:

Date _____ Amount paid _____ Cash/Check Card number _____