



## **Membership Application Form**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Township: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed

Spouse Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Place of Work: \_\_\_\_\_

Retired From: \_\_\_\_\_

Veteran:  Yes  No

**Membership Costs (including newsletter): - \$30.00/single & \$40.00/couple**

**Newsletter only - \$15.00**

Membership (w/newsletter): \$ \_\_\_\_\_

Newsletter Only: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

**\* You do not need to be a member of the Senior Services Center of Will County to participate in our programs and services.**