



WILL COUNTY
SENIORS

2024 MEMBERSHIP OPTIONS

MAILINGS ONLY

\$30 / yr.

Quarterly Calendar
Special Mailings

BASIC

**\$13 / mo.
\$130 / yr.**

Quarterly Calendar
Special Mailings
All Classes
Online Access

FAMILY

**\$26 / mo.
\$260 / yr.**

Quarterly Calendar
Special Mailings
All Classes
Online Access

PLUS

single pricing	couples pricing
\$25 / mo.	\$50 / mo.
\$275 / yr.	\$550 / yr.

All Classes
Online Access
1 Free Coffee per Visit
6 Dances
4 Guest Passes to One Class
Invitation to Annual Membership Breakfast

SUPPORTING

single pricing	couples pricing
\$45 / mo.	\$80 / mo.
\$510 / yr.	\$950 / yr.

All Classes
Online Access
1 Free Coffee per Visit
All Monthly Dances
6 Guest Passes to One Class
Invitation to Annual Membership Breakfast
Member Shirt
Plaque

Will County Seniors is dedicated to connecting resources, information, services and programs to those over 60 to keep them safe, healthy, and independent.



WILL COUNTY
SENIORS

2024 MEMBERSHIP FORM



Member Information

Name: _____

Phone Number: _____ Date of Birth: _____

Street Address: _____

City, State, Zip Code: _____

Email: _____

Membership (details on back)

<p>Mailings Only</p> <p><input type="checkbox"/> \$30 / yr.</p>	<p>Basic</p> <p><input type="checkbox"/> \$13 / mo.</p> <p><input type="checkbox"/> \$130 / yr.</p>	<p>Family</p> <p><input type="checkbox"/> \$26 / mo.</p> <p><input type="checkbox"/> \$260 / yr.</p>	<p>Plus</p> <p><input type="checkbox"/> \$25 / mo.</p> <p><input type="checkbox"/> \$275 / yr.</p> <p><small>couples pricing</small></p> <p><input type="checkbox"/> \$50 / mo.</p> <p><input type="checkbox"/> \$550 / yr.</p>	<p>Supporting</p> <p><input type="checkbox"/> \$45 / mo.</p> <p><input type="checkbox"/> \$510 / yr.</p> <p><small>couples pricing</small></p> <p><input type="checkbox"/> \$80 / mo.</p> <p><input type="checkbox"/> \$950 / yr.</p>
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Payment Information

Name on card: _____

Card Number: _____

Expiration Date: _____ Zip Code: _____ Security Code: _____

Signature: _____

Office Use Only

ID No: _____

Date: _____

New Member: Y / N

Notes: _____



Photo and Video Consent Agreement

I, _____, hereby give Senior Services specific permission to: publish copyright, and/or distribute photographic images and video of me taken throughout participation in different activities and events. I release and discharge Senior Services from all liability by virtue of distortion, blurring, alteration, optical illusion and/or use in composite form, whether the same is intentional, or otherwise.

I do not give permission to Senior Services to use any photographic images of me taken throughout my participation in events and activities.

Name:

Signature:

Emergency Contact Information

Name:

Relation:

Phone Number:

Name:

Relation:

Phone Number: