

## Membership Form

Please print

New Membership       Renewal      Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Gender  Male       Female

Marital Status     Single     Married     Divorced     Widowed     Partnered

### ONE-YEAR MEMBERSHIP OPTIONS (choose one)

Individual: \$80       Couple/Two-person Household: \$150

If purchasing a Couple Membership, please complete the following information for the second member.  
*Couple membership includes two (2) individuals who live at the same address.*

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Gender  Male       Female

### PAYMENT INFORMATION

*If you would like to make a donation in addition to your membership purchase, please note it below.  
Membership purchases are non-refundable and non-transferable to another person.*

Membership	\$ _____
Donation	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

Cash

Check # \_\_\_\_\_ (payable to North Shore Senior Center)

Credit Card: (circle one)    Visa      MasterCard

Card # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_      V-Code \_\_\_\_\_  
*(Last 3 numbers on back)*

Signature \_\_\_\_\_

**Please send completed Membership Form and payment to:**

Lifelong Learning at North Shore Senior Center, 161 Northfield Road, Northfield, IL 60093

For Office Use Only	Received by _____	Processed by _____	Date Processed ____/____/____	eff.4/1/2018
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