

## Membership Form

Please print

New Membership

Renewal

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Address \_\_\_\_\_

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

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

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status  Single  Married  Divorced  Widowed  Partnered

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

Individual: \$90

Couple/Two-person Household: \$170

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

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

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

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### 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 \_\_\_\_\_

Print Name \_\_\_\_\_

Name as it appears on card

For Office  
Use Only

Received by \_\_\_\_\_

Processed by \_\_\_\_\_

Date Processed \_\_\_\_/\_\_\_\_/\_\_\_\_

eff.1/1/2025