



Portage Senior Center Membership Form

- Life Time Member \$300
- New Membership
- Renewing Membership
- Portage Resident \$30 per person per year
- Non-Resident \$40 per person per year

Name (First, MI, Last): _____

Nickname: _____

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

Address: _____

City/ST/Zip: _____

E-mail Address: _____

Emergency Contact: _____

Relationship to you: _____

Emer. Contact Phone: _____

- I will pick up the newsletter at the PSC. I can read it online and see it sooner! Receive in the mail
- I would like more information on how to include a gift to the Portage Senior Center in my estate plans.

I would like to support **Friends of Portage Senior Center** by including a donation of \$_____.

I acknowledge that I have read and signed the City of Portage liability form. I understand that the Portage Senior Center may use my photo in newsletters and other publicity.

Signature: _____ Date: _____

OPTIONAL: The following information is requested by many funding agencies.
Your specific information will be kept confidential.

- Race/Ethnicity Caucasian African American Asian Native American Hispanic Native Hawaiian/
Pacific Islander
- Add'l Info I live alone. I am a Veteran. I am the spouse of a Veteran.
- Monthly Household Income: \$0 - \$816 \$817 - \$1,021 \$1,022 - \$1,375 More than \$1,376

For Office Use Only

Rcvd _____ Ck# _____ Renewal Date _____ MSC# _____ Join Dt Proc _____
Date / Initials (or Cash) MM/YY Initials