

# 2019 FRIENDS of the TWO RIVERS SENIOR CENTER MEMBERSHIP

To join the FRIENDS of the Two Rivers Senior Center (must be 50 years of age or older),  
or to renew your membership, please complete this Confidential Document.

## Make check payable to: FRIENDS OF THE TWO RIVERS SENIOR CENTER

Two Rivers Senior Center  
1520 17<sup>th</sup> Street  
Two Rivers, WI 54241

### PLEASE PRINT CLEARLY:

Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Spouse's Cell: ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Wedding Anniversary \_\_\_\_\_

Volunteer Opportunities: *Please see back.*

Emergency Contact Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

*I authorize Senior Center staff to contact the listed emergency contact in case of emergency*

I would like to make a tax deductible donation, at this time, to the Friends to support  
the Senior Center programs and Meals on Wheels at this time. \$ \_\_\_\_\_

\*Check here if you would like your name listed in the Anchor for this donation. ☐

### Membership Support:

\_\_\_\_\_ \$15.00 – Per Person

\_\_\_\_\_ \$30.00 – Per Couple

\_\_\_\_\_ \$225.00 - Life Membership Per Person

Signature \_\_\_\_\_

Date \_\_\_\_\_

*\*Members of the Two Rivers Senior Center consent to the use of any photos, videos, sound tracks, or any reproduction of these, to be used in written materials, social media or any other type of media.*

### FOR OFFICE USE ONLY

Date \_\_\_\_\_

Total Amount Paid \$ \_\_\_\_\_

New Membership Renewal  
(circle one)

Paid by CASH CHECK CREDIT  
(circle one)

Receptionist Initials \_\_\_\_\_

Expires \_\_\_\_\_

☐ Received Scan  
Card. Send Welcome  
Packet only.

☐ Please send Scan  
Card with Welcome  
Packet.