

South Salem Seniors, Inc.

Member Registration Form

Date Joined (MM/DD/YYYY): _____

Dues: \$ 20.00 Per Year / Per Person

Receipt # _____

Name Tag: Pin Style: \$ 5.00 Magnetic \$7.00

Pull Date: _____

Last Name: _____ First Name: _____

Name (1): _____ Date of Birth: _____

Name (2): _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Volunteer Choice:

Registration Renewal Date:

Registration Renewal Receipt #

Paper Pick-up Date: _____ Receipt # _____

Gift Shoppe Date: _____ Receipt # _____

Computer Lab Date: _____ Receipt # _____

Kitchen Date: _____ Receipt # _____

Bingo Date: _____ Receipt # _____

Business Office Date: _____ Receipt # _____

Library Date: _____ Receipt # _____

Nifty Thrifty Date: _____ Receipt # _____

Crafts Date: _____ Receipt # _____

_____ Date: _____ Receipt # _____

File: 2016 SSS-MemberRegistrationForm08-22-2016

Date: 2016-08-29

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