



2020 Membership Form

Annual Dues are \$20 per person

Please make checks payable to Dexter Senior Center
(Scholarships available)

Name: _____ Phone: _____

Address: _____ Email: _____

(city) (state) (zip code) Birthday: _____

Where do you vote? _____

The following age information is needed for local/state funding.

_____ Under 55 disabled _____ 55-60 _____ 61 & over

Emergency Contact:

Name: _____ Phone: _____ (home/work)
_____ (cell)

Physician Name/Phone: _____

Medical Conditions or Medications: _____

In case of an emergency or in order for the DSC to provide help or service, I give the staff of the DSC permission to release my medical information.

Signature: _____ Date: _____

The Dexter Senior Center is a non-profit organization and depends on fundraising and donations to cover operations. Please consider making your donation now to help us continue.

_____ Yes, I am able to help the Center with my donation and have included it with my membership fee.
_____ Yes, I am able to help and will pledge my support of _____ to be paid _____

Donations are tax-deductible as allowed by the IRS. A receipt is available through the Director.

How would you like to receive your newsletter? Circle your choice:

pick up at Center email mail

PHOTO RELEASE:

I give permission to the Dexter Senior Center to use my photo for any promotional materials if taken while participating in any of the Dexter Senior Center's programs or activities.

Yes _____

No _____

Name (printed)

Signature