



2021 Membership Form
Annual Dues are \$20 per person
Please make checks payable to Dexter Senior Center
(Scholarships available)

Name: _____ **Phone:** _____

Address: _____ **Email:** _____

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

Where do you vote? _____

Information 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 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. Initial here: _____