



Dexter Senior Center
 7720 Ann Arbor Street
 Dexter MI 48130
 734-426-7737
 www.dexterseniors.org

2022 Membership Form

Annual Dues \$20

Please make checks payable to Dexter Senior Center
Scholarships available

Name: _____ Phone: _____

Date of Birth: _____ Email Address: _____

Address: _____

Township: City of Dexter ___ Dexter Twp ___ Scio Twp ___ Webster ___ Other: _____

In case of emergency, or for the Dexter Senior Center to provide help or services, I give permission for staff to release my medical information.

Sign here: _____ Date: _____

Emergency contact: Name: _____

Phone: _____

Medical conditions (optional): _____

Physician name & phone: _____

The Dexter Senior Center is a non-profit organization and depends on fundraising and donations to cover the cost of operations. Please consider donating now. Donations are tax deductible. You will receive an acknowledgement of your donation for tax purposes.

_____ I have included a donation of \$_____ with my \$20 membership dues.

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 promotion materials if taken while participating in any of the Center's activities or events. Initial here: _____

For Office Use Only: Renewal _____ New Membership _____ Notes _____

Date: _____ Total Paid \$_____ Cash/Check#_____ COVID Vaccination card checked _____