



SALINE AREA SENIOR CENTER

MEMBERSHIP FORM

7190 N. Maple Rd
Saline, MI 48176

Name _____ Male _____ Female _____

Address _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Work Phone: _____

Date of Birth _____ Previous Occupation _____

Hobbies _____ Would you like to volunteer for the center? Yes No

E-MAIL ADDRESS: _____

- \$10 Saline School District Resident \$20 Non-Saline Resident
- \$30 Saline School District Resident (45-54 SIT Limited Privileges) \$40 Non-Saline Resident (45-54 SIT)
- \$5 All People Over Age 80

Newsletter Delivery -- PICK ONE METHOD ONLY

- SALINE MAIL (48176 Only) PICKUP or WEBSITE or MAILING FEE (\$15.00 Jan-Dec)
- (salineseniors.org) (For Residents Outside Of 48176 Area Code)

***Postage for Mailing Newsletter is pro-rated @ \$1.25 a newsletter (applies to non-district residents only)**

PHOTO RELEASE: I give permission to the Saline Senior Center to use my photo for the purposes of marketing and publicity.

Please Initial: _____ No

MEDICAL INFORMATION

This medical information is kept strictly confidential.

Emergency Contact: _____ Relation _____

Home Phone # _____ Cell/Work # _____

Medical conditions we should be aware of: _____

Medications

Declined to provide _____ Date _____
(Signature)

Name: _____ Dosage _____ Name: _____ Dosage _____

Name: _____ Dosage _____ Name: _____ Dosage _____

Name: _____ Dosage _____ Name: _____ Dosage _____

Name: _____ Dosage _____ Name: _____ Dosage _____

Name: _____ Dosage _____ Name: _____ Dosage _____

Allergies: _____

Please note we only accept cash or check payments

Please make checks payable to SASC

Year _____ Date Paid: _____ Receipt #: _____ Initials _____ Checker _____

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