



FAYETTEVILLE
SENIOR CENTER

Newsletter Subscription/Membership Form 2017

584 E. Genesee St., Fayetteville, NY

** Please complete the entire form and return to the Center**

Registrant #1 _____

Date of Birth

Registrant #2 _____

Date of Birth

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

PHONE # _____

Winter Address _____

Newsletter to be delivered to winter address from _____ to _____

INTERESTS/ HOBBIES _____

Registrant #1

Registrant #2

Would you like to volunteer at the Center in any of the following ways?

_____ help with newsletter

_____ present a program

_____ Gardening

_____ Work at special events

_____ Handyman work

_____ Other

_____ I would like to learn more about planned giving

Emergency Contact and Phone #: _____

Registrant #1 Signature

Registrant #2 Signature

\$15 per HOUSEHOLD