



2022 Membership Form

(OFFICE USE ONLY)

KEYTAG #

First, Middle, Last Name (PLEASE PRINT)

Address, City, State, Zip code

Home phone

Cell phone

Email

Date of Birth

Gender

MEMBERSHIP TYPE:

Single: _____ \$25

Couple: _____ \$35 (2 people residing in same household)

Spouses Name: _____ Cell phone _____ DOB _____

Please make checks payable to: Whiteside County Senior Center

Emergency Contact Information

First and Last Name

Home / Cell phone _____ Relationship to you: _____

Spouse's Emergency Contact Information

First and Last Name

Home / Cell phone _____ Relationship to you: _____

THANK YOU FOR BEING A PART OF OUR SENIOR CENTER! The place where you enter as a friend and leave as family!