

# NIKISKI SENIOR CENTER

## MEMBERSHIP APPLICATION/RENEWAL

DATE: \_\_\_\_\_

NAME(s): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER (s): \_\_\_\_\_

E-MAIL: \_\_\_\_\_ NEWSLETTER BY E-MAIL (Yes) (No)

BIRTHDATE(s): \_\_\_\_\_ and \_\_\_\_\_

ETHNICITY (please check all that apply):

African American/Black \_\_\_\_\_ Asian \_\_\_\_\_ AK Native/American Indian \_\_\_\_\_ Hispanic \_\_\_\_\_  
Native Hawaiian/Pacific Islander \_\_\_\_\_ Caucasian/White \_\_\_\_\_ Other \_\_\_\_\_ Decline \_\_\_\_\_

\_\_\_ ANNUAL MEMBERSHIP (\$15 per person) Membership runs Jan. to Dec.

\_\_\_ LIFETIME MEMBERSHIP (\$100/person or \$175/couple)

*(Memberships are non-refundable)*

.....  
*Office use only:*

*Application Received by:* \_\_\_\_\_

*Amount Paid:* \$ \_\_\_\_\_ *Check #* \_\_\_\_\_ *Cash* \_\_\_\_\_

*Name Added to Newsletter List: Mail* \_\_\_\_\_ *E-Mail* \_\_\_\_\_

*Name Added to Membership Spreadsheet & Form Filed in Members Binder:* \_\_\_\_\_

*Additional Notes:* \_\_\_\_\_