

OREGON SENIOR CENTER

Membership Application through 12/31/2024

Annual membership begins on January 1 and expires on December 31. New members are welcome at any time.
Please check appropriate membership category.

BOOSTER Membership (60 & over, with voting rights): _____ \$25/Individual _____ \$35/couple

SUPPORTING Membership (under 60, without voting rights): _____ \$25/Individual _____ \$35/couple

-- OR --

We welcome special supporting contributions. We will acknowledge these general contributions by placing the donor's name on display in the Center during the membership year.

_____ \$50.00 Bronze-Level Support Member _____ \$250.00 Diamond-Level Support Member

_____ \$75.00 Silver-Level Support Member _____ \$500.00 Platinum-Level Support Member

_____ \$150.00 Gold-Level Support Member

INDIVIDUAL MEMBERSHIP OR PERSON 1

Date _____ Male _____ Female _____

Last Name _____ First Name _____

Last 4 Digits of SS _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

PERSON 2 (Spouse if applicable)

Date _____ Male _____ Female _____

Last Name _____ First Name _____

Last 4 Digits of SS _____ Birthdate _____

EMERGENCY CONTACT INFORMATION (MUST BE COMPLETED)

Last Name _____ First Name _____

Home Phone _____ Cell Phone _____

Last Name _____ First Name _____

Home Phone _____ Cell Phone _____

Primary Physician _____ Phone _____

White___ Hispanic___ African-American___ Native American___ Asian___

Please answer these questions. Your answers will help your Senior Center obtain grants and financial
Contributions to grow and help curb the cost of dues.

Rural: Yes___ No___ Number of Persons in Household_____ Monthly Income_____

Do you consider yourself at or below poverty level? Yes_____ No_____

PHOTO RELEASE FORM

I hereby grant permission to *The Oregon Senior Center* to use photographs and/or video of me taken in publications, news releases, online, and in other communications related to the mission of *The Oregon Senior Center*.

Name _____

Address _____

State _____ Zip Code _____

Phone (day) _____ (evening) _____

Email Address (optional) _____

Signature _____ Date _____

(Signature of Adult, or Guardian of Children under age 18)

Thank you!