

# OREGON SENIOR CENTER

## Membership Application through 12/31/2026

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  
NON-RESIDENT or SUPPORTING Membership (under 60, without voting rights): \_\_\_\_\_ \$35/Individual \_\_\_\_\_ \$50/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

Date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Last 4 Digits of SS \_\_\_\_\_ Birthdate \_\_\_\_\_

### INDIVIDUAL MEMBERSHIP OR PERSON 1

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!**