

WILLIAMSTON AREA SENIOR CENTER

MEMBERSHIP DUES 2024

Cost is \$12/year per person. Please complete the information below and return to WASC along with your payment. **PRINT CLEARLY**



WILLIAMSTON AREA
SENIOR CENTER

NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ TOWNSHIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME: _____ PHONE#: _____

ARE YOU A NEW MEMBER _____ RENEWING MEMBER _____ OR DONATION _____

BIRTH DATE: _____

ARE YOU A VETERAN YES _____ NO _____

I GIVE THE WASC MY PERMISSION TO USE ANY PHOTOS/VIDEOS TAKEN OF ME: YES _____ NO _____

WOULD YOU LIKE TO VOLUNTEER: YES _____ NO _____

Initials _____ Date _____ Check # or Cash _____ Amount _____ Newsletter _____

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