Stamford Senior Center Membership Form (July 1, 2017 – June 30, 2018)

888 Washington Blvd. Stamford, CT 06901 * (203) 977-5151 * www.stamfordseniorct.org

Annual Membership: Single ($50) ____ Couple ($80) ____

Member Name: _____

Date of Birth: _____ Gender: Male ☐ Female ☐

Race/Ethnicity: American Indian ☐ Asian/Pacific Islander ☐ Black ☐ Caucasian ☐ Hispanic ☐

Spouse/Partner's Name: _____

Date of Birth: _____ Gender: Male ☐ Female ☐

Race/Ethnicity: American Indian ☐ Asian/Pacific Islander ☐ Black ☐ Caucasian ☐ Hispanic ☐

Address:_____ Apt./Unit: _____

City:_____ State _____ Zip Code:_____

Email (1): _____ **Email (2**):_____

Phone (H):_____ **Phone (C**):_____

Car Make: _____ **Color** _____ **License Plate No:** _____

Emergency Contact; _____ Relationship: _____

Phone No.: _____ Alternate Phone: _____

As a 501(c)3 not-for-profit organization, the Stamford Senior Center counts on the generous support of individuals to help support all the programs we offer . Would you like to make a donation with your membership fee?

Yes, I'd like to donate: ____$10 ___ $20 ___$40 ___$ 60 $____ (enter another amount)

Your signature confirms that you have received a copy of the Membership Guidelines

_____ _____

Signature Date

Please make check payable to: The Stamford Senior Center

Mail to: Stamford Senior Center, 888 Washington Blvd. 2nd Fl., Stamford, CT 06901
or pay online with credit card or Paypal at www.stamfordseniorct.org