

MENTOR SENIOR CENTER

MEMBERSHIP FORM

Welcome to Mentor Senior Center! We look forward to your participation. Please complete the information below. This information is needed for your safety and for funding purposes. The cost of membership is **\$5.00** a year per person for residents of Mentor, MOL and Kirtland Hills and **\$7.00** a year per person for nonresidents. Thank you.

We no longer keep medical information on file at the Senior Center. We do recommend you carry the information with you when you are participating in a Senior Center function.

TODAY'S DATE _____

Name _____
(First) (Initial) (Last)

Address _____
(Street) (City) (State) (Zip)

Phone (_____) _____ **Cell Phone** (_____) _____

email address _____

Date of Birth ____ / ____ / ____

Persons to contact in case of an emergency:

1. _____ **Home Phone** (_____) _____
(Name) (Relationship)

Work Phone (_____) _____ **Cell Phone** (_____) _____

2. _____ **Home Phone** (_____) _____
(Name) (Relationship)

Work Phone (_____) _____ **Cell Phone** (_____) _____

- **Please circle your preferred title:** Mr. Mrs. Ms. Miss
- **Please circle your marital status:** married widowed single divorced
- **If married, is your spouse also a member at the Center?** Yes No
- **Would you like to volunteer?** Yes No **If yes, what job:** Hostess Kitchen Helper Newsletter

Please bring or send your check and this form to:

**Mentor Senior Center
8484 Munson Road
Mentor, OH 44060
440-974-5725**

For office use:	resident	nonresident
Card issued by:	_____	
Amount received:	_____	
Cash or Check	Check#	_____