



2023-2024 MEMBERSHIP APPLICATION

Date Rcvd: __/__/____
Check # _____ Amt \$ _____

Annual memberships are \$30 per individual.* Please complete all information below, sign and return with your payment by mail or drop off at the Glens Falls Senior Center office, 380 Glen Street, Glens Falls, NY 12801. Note: the membership year runs from October 1, 2022 - September 30, 2023.

PERSONAL INFORMATION

Name: Date of Birth: __/__/____
Mail address: City/Zip Code:
Home Phone: Cell Phone:
E-mail Address:

MY EMERGENCY CONTACT INFORMATION

Name:
Contact's Home Phone: Contact's Cell Phone:

COMMUNICATION PREFERENCES

__ Send monthly newsletter via mail only
__ Send me weekly email notices of activities**
__ Send me the monthly newsletter via email**

MY INTERESTS

__ Social Activities __ Book Club & Writing __ Day Trips __ Educational Programs
__ Cards & Board games __ Fitness Programs __ Crafts __ Billiards/Wii Bowling
__ Volunteer activities __ Other: _____

PAYMENT INFORMATION

ENCLOSED IS MY 2022-2023 MEMBERSHIP FEE. Amount enclosed _____
Dear members: The Glens Falls Senior Center provides valuable social, educational, and fitness programs. Your support is vital in enabling us to fulfill our mission. In addition to your membership, I invite you to make a tax-deductible contribution to support the programs at the Glens Falls Senior Center. On behalf of all those we have the privilege of serving, I thank you for your generous donation. --- KIM BREN, Executive Director.

SIGNED: _____ DATE: _____

*A limited number of sponsored memberships are available for those who financially qualify. Contact Ed Capezuti, Senior Services Specialist, for information. **By checking this option, you give the Senior Center permission to send you email notices. The Senior Center does not share members' personal information with any outside organization or individual.