



# MEMBERSHIP APPLICATION

**Membership Type:**  Single  Joint  Over 90  Paid Lifetime

## Member #1

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Last

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

## Member #2

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Last

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Emergency Contact \_\_\_\_\_  
Name Phone

### Are you interested in Volunteering?

Yes  No

### What are your interests (e.g., Travel, Games, Art)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### What is your level of experience with a computer?

- Beginner or None  
 Novice  
 Intermediate  
 Advanced  
 Expert

### How did you hear about the Center?

- Friend or Family Member  
 Internet Search  
 Social Media  
 Sign or Flyer  
 Other

### FOR OFFICE USE ONLY

Date: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Check # or "Cash" \_\_\_\_\_

Receipt # \_\_\_\_\_