



**AUBURN SENIOR CENTER**

# MEMBERSHIP APPLICATION

**Membership Type:**  Single \$20.00/yr     Joint \$30.00/yr     Over 90 Free     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 # \_\_\_\_\_