



MEMBERSHIP RENEWAL

Membership Type: Single \$25.00 Joint \$40.00 Over 90 Free

Complete your name and add or update any information if changed.

Member #1

Name: _____ Birthdate: _____

Email Address: _____ Phone: _____

Address: _____

Street City State Zip

Member #2

Name: _____ Birthdate: _____

Email Address: _____ Phone: _____

Address: _____

Street City State Zip

Emergency Contact _____

Name Phone

Return this form with payment to:

Auburn Senior Center
550 High Street
Suite 107
Auburn, CA 95603
530-823-8172

Note:

If you are over 90, please update any information above and return this form to the address shown.

FOR OFFICE USE ONLY

Date: _____ Amount Paid: \$ _____

Check # or "Cash" _____

Receipt # _____