

Westside Senior Center Membership Dues for July 2025 – June 2026

Name #1 _____ Date of Birth (month/day/year) ____/____/____

Cell Phone (____) _____ - _____ E-Mail _____@_____

Name #2 _____ Date of Birth (month/day/year) ____/____/____

Cell Phone (____) _____ - _____ E-Mail _____@_____

Wedding Anniversary Date (month/day/year) ____/____/____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____

DUES: You \$10.00 / You & Spouse \$20.00

(Circle One)

Emergency Contact: Name: _____ *Phone* _____

BELOW FOR OFFICE USE ONLY

Received by _____ *New / Renewal (Circle One)*

Cash _____ or Check No. _____ Amount \$ _____ Date _____ Receipt # _____

RETURN THIS FORM WITH YOUR PAYMENT