

# Membership Application Form

Make checks payable to:  
Senior Center  
310 River St  
Hastings MN 55033

New     Renewal

Name(s) \_\_\_\_\_

**Cost: \$12/person**

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Birthdate(s) \_\_\_\_\_

Please send my newsletter via email - Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone # \_\_\_\_\_

Office Use: Date Received \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

Card # \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_