



## 2019 MEMBERSHIP FORM

New Membership (\$20/person)

Membership Renewal (\$20/person)

Voluntary Donation \$ \_\_\_\_\_

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

*\*\*\*Renewing Members—Make any Necessary Changes OR Check  if there are No Changes\*\**

Street: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*\*\*\*I would like to receive weekly updates through email  \*\**

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Monthly Newsletter Preference:  Regular Mail  Email

Membership/Donation (Circle one) Cash or Check Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_

### Medical Restrictions

This information is collected for members who attend any events, classes, trips and activities with Granville Senior Center.

YES (Please List Below)  NO Medical Restrictions

### Areas of Interests

To provide high quality activities, we would love to know what your interests are.

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

### Would you be interested in volunteering?

Please select volunteer roles you would enjoy contributing to on the back of this form.

(ie: Front Office, Light Maintenance, Meals, Gardening, etc.)

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