

# C. W. Senior Citizen's, Inc. 2019-2020 Membership Application

**Yearly membership is from July 1, 2019 – June 30, 2020**

Please complete this form and return it with \$10.00 (or \$15 for a couple) for your yearly membership dues. Please make checks payable to: **Canal Winchester Senior Citizens, Inc.** You may bring in your membership application or return it by mail to C. W. Senior Center, 22 S. Trine Street, Canal Winchester, OH 43110.

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

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_

Primary/Home Phone \_\_\_\_\_ Secondary/Cell Phone \_\_\_\_\_

Birthday of 1<sup>st</sup> Applicant Listed \_\_\_\_\_ Birthday of 2<sup>nd</sup> Applicant Listed \_\_\_\_\_

Anniversary, if Applicable \_\_\_\_\_

*Emergency Contact:* Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Primary/Home) \_\_\_\_\_ (Secondary/Cell) \_\_\_\_\_

\_\_\_\_\_ FREE MEMBERSHIP - I am over 90. (You must fill out a form.)

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For Office Use Only

New Member \_\_\_\_\_ Birthday List \_\_\_\_\_ Membership List \_\_\_\_\_

Date Received \_\_\_\_\_ Cash \_\_\_\_\_ Check Amount \_\_\_\_\_ Check # \_\_\_\_\_