

La Pine Senior Activity Center

Membership Application

\$40.00 per person for one full year

(PLEASE PRINT INFORMATION)

Name _____

Street Address _____

Mailing Address _____

City _____

Date of Birth ___/___/___ Male _____ Female _____

Telephone Home _____ Cell _____

E-Mail address _____

Spouses Name _____

OFFICE USE ONLY

DATE RECEIVED _____ RECEIVED BY _____ CHECK# _____ AMOUNT _____

CARD ISSUED _____ DATE SENT _____

EXPIRATION DATE _____ ENTERED INTO SYSTEM _____