



Membership Application

\$40 Per Person Annually

May 1 - April 30th

First Name: _____ Last Name: _____

Date: _____ Date of Birth: _____ Male: _____ Female: _____

Home Phone: _____ Cell Phone: _____

Please circle preferred number for us to contact you.

Email Address: _____ **We do NOT share emails with anyone*

Address: _____ City: _____

State: _____ Zip code: _____ Membership New: _____ Renewal: _____

Spouse Name: _____

Emergency Contact Name: _____ Phone #: _____

Are you interested in Volunteering? We need help in the kitchen,
food server, food delivery, event support, etc Yes: _____ No: _____



* Note: some activities may be canceled or done differently due to COVID restrictions or inclement weather.

How to pay:

- Send a check to: PO Box 1279, La Pine, OR 97739
- Pay by check or cash and drop it off: 16450 Victory Way
- Pay by credit/debit card online: lapineseniorcenter.org/membership-benefits/

Office use only Date Received: _____ Amount Received: _____

Received By: _____

Card Issued: _____ Date Sent: _____ Exp. Date: _____

Check #: _____ Date Entered in System: _____ Entered By: _____