



Paso Robles Senior Center Membership Application

270 Scott Street, Paso Robles, CA 93446 Phone: (805) 237-3880 Fax: (805)237-4733

New Membership

Membership Renewal

Membership Dues:

Basic Single Membership \$12

Basic Household Membership \$15

Sponsor Membership \$100

Lifetime Membership \$200

Amount Enclosed: _____

Last Name: _____ First Name: _____

Spouse's / Family Member's Name: _____

Address or P.O. Box: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Birth date (Optional) _____

Would you like to receive your newsletter via email? Yes No

(If yes) - Email Address: _____

Emergency Contact Person & Phone Number: _____

Please circle the volunteer opportunities you might be interested in:

Receptionist

Mailing Newsletter

Senior Center Library

Fundraising

Friendly Rides Driver

Meals On Wheels Driver

For Office Use Only: Do not fill out below

Amount Received: _____ Cash Check Check Number: _____

Expiration Date _____ Membership Packet issued or sent

Received By: _____ Today's Date: _____

Computer Entry: _____ Manager Reviewed _____ Money Deposited: _____