

PALATINE TOWNSHIP SENIOR CITIZENS COUNCIL 2022 MEMBERSHIP FORM

Our Mission: To provide programs and services which support older adults and their families by encouraging independence, well-being and connection to the community.

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

BIRTHDATE: _____

EMAIL: _____

EMERGENCY CONTACT

NAME/RELATIONSHIP: _____

PHONE NUMBER: _____

CHANGES ONLY

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

PTSCC NEWSLETTER HAPPENINGS

In an effort to reduce paper, PTSCC will be distributing the newsletter via email ONLY. Paper copies will be available at the Center for pickup and can be viewed on our website under "The Happenings Newsletter" tab. If you would like to receive a paper copy by mail, please call the main office.

How did you hear about the Senior Center?

- Family/Friend Internet
 Advertisement Special Event
 Other _____

I would like to volunteer at PTSCC

- YES
 NO

MEMBERSHIP

YEARLY MEMBERSHIP: JAN 1, 2022—DEC 31, 2022

INDIVIDUAL \$55.00 \$ _____

COUPLE \$75.00 \$ _____

*To be eligible for couple pricing,
the couple must reside at same residence*

My Tax Deductible Contribution

- \$1-\$24
 \$25-\$99
 \$100-\$499
 \$500-\$999
 \$1,000+ \$ _____

Year Long Raffle

_____ tickets @ \$25 \$ _____

Total Enclosed \$ _____

I would like my contribution to be anonymous

The following information is needed to meet requirements for federal funding received by PTSCC.

All Information Will Be Kept Confidential

Please Check The Appropriate Responses:

Race/Ethnicity

- Caucasian
 African American
 Hispanic
 Asian/Pacific Islander
 Native American
 Other

Gender Male Female

Primary Language _____

Thank You!