

PALATINE TOWNSHIP SENIOR CITIZENS COUNCIL 2020 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.

PLEASE ADD OR CHANGE ANY INFORMATION

THAT IS NOT INCLUDED – THANK YOU!!

****ROOM FOR CHANGES BELOW****

NAME: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

BIRTHDATE: _____

EMAIL: _____

SS# (LAST 4 DIGITS ONLY) _____

EMPLOYER/FORMER EMPLOYER _____

EMERGENCY CONTACT

NAME/RELATIONSHIP: _____

PHONE NUMBER: _____

*****CHANGES ONLY*****

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

PTSCC NEWSLETTER HAPPENINGS

- Receive via regular mail ONLY
 Receive via email at the following email address

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

FULL YEAR MEMBERSHIP: JAN 1, 2020—DEC 31, 2020

INDIVIDUAL \$45 \$ _____

COUPLE \$65 \$ _____

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 @ \$20 \$ _____

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

Thank You for Your Cooperation

Please Check The Appropriate Responses:

Race/Ethnicity

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

Gender Male Female

Primary Language _____

Thank You!