

PALATINE TOWNSHIP SENIOR CITIZENS COUNCIL 2024 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: _____

I would like to receive program updates and information by email

The member consents to photographs taken during participation in any PTSCC activities, and to publication of the photographs by PTSCC for advertising, promotional and marketing purposes.

EMERGENCY CONTACT

NAME/RELATIONSHIP: _____

PHONE NUMBER: _____

CHANGES ONLY

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

PTSCC NEWSLETTER HAPPENINGS

The "Happenings" newsletter is published quarterly. Please indicate how you would like to receive your newsletter.

- I prefer to receive by mail
 I prefer to receive by email

How did you hear about the Senior Center?

- Family/Friend Internet
 Advertisement Special Event
 Other _____

MEMBERSHIP

YEARLY MEMBERSHIP: MAR 1, 2024 - FEB 28, 2025

INDIVIDUAL \$55.00 \$ _____

COUPLE \$85.00 \$ _____

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 \$ _____

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 _____

I would like to volunteer at PTSCC

- YES
 NO