

Palatine Township Senior Citizens Council Membership Application Form

Mission Statement: *To provide programs and services which support the independence and well-being of older adults and promote their participation in the community*

Name _____

Address _____

City/State _____ Zip _____

Home Phone (_____) _____

Business Phone (_____) _____

Email address _____

Birth Date _____

Soc. Sec. No. (last 4 digits) _____

Employer/Former Employer _____

Emergency Contact _____

Relationship _____

Daytime phone (_____) _____

Spouse/Partner (if also joining)

Name _____

Birth Date _____

Soc. Sec. No. (last 4 digits) _____

Employer/Former Employer _____

Emergency Contact _____

Relationship _____

Daytime phone (_____) _____

DATED _____

Please check membership desired:

- Individual \$35.00 until 12/31/2010
- Couple \$50.00 until 12/31/2010

My tax deductible contribution:

- 25-\$99 Associate \$100-\$499 Friend
- 500-\$999 Partner \$1,000+ Benefactor

Continue to the right-hand column

Print your name as you would like it to appear in our Annual Report

_____ OR _____

I would like to remain 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	
Black	
Hispanic	
Asian/Pacific Islander	
Native American	
Other	

Gender: Female Male

What is your primary language?

	Yes	No.
Do you live alone?		
Do you have a disability?		
Is your estimated annual income below \$10,830 for a family of one, or \$14,570 for a family of two?		

I would be interested in volunteering to help with PTSCC activities:

Yes No

How did you hear about the Senior Center?

Thank you for becoming a PTSCC member.