

## PALATINE TOWNSHIP SENIOR CITIZENS COUNCIL 2008 MEMBERSHIP APPLICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Last 4 numbers Soc. Sec.No. \_\_\_\_\_

Employer/Former Employer: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Daytime phone:** \_\_\_\_\_

*Spouse/Partner (if also joining)*

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Last 4 numbers Soc. Sec.No. \_\_\_\_\_

Employer/Former Employer: \_\_\_\_\_

**DATED:** \_\_\_\_\_

Please check membership desired:

- Individual     \$30.00 Through 12/31/2008
- Couple         \$45.00 Through 12/31/2008

My tax deductible contribution:

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

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:

White	
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 \$10,400 for a family of one, or \$14,000 for a family of two?		

I would like to volunteer to help with PTSCC activities:

- Yes      No

How did you hear about the Senior Center? \_\_\_\_\_

\_\_\_\_\_