

PALATINE TOWNSHIP SENIOR CITIZENS COUNCIL 2017 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 (_____) _____

Birth Date: _____

Email Address: _____

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

Employer/Former Employer _____

EMERGENCY CONTACT: Name & Relationship: _____

Phone: (_____) _____

****CHANGES****

Name _____

Address _____

City/State _____ Zip _____

Home Phone (_____) _____

Email Address _____

PTSCC Newsletter – HAPPENINGS

Receive via **Regular Mail ONLY**

OR

Receive via **Email ONLY** 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:
(January 1, 2017-December 31, 2017)

- Individual \$40 Couple \$55 \$ _____
(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 each \$ _____

Total Enclosed \$ _____

I would like my contribution to be anonymous

Please make checks payable to PTSCC.

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

Primary Language: _____

Thank You!