MEMBERSHIP APPLICATION
MARION SENIOR CENTER
2375 HARDING HIGHWAY EAST
MARION, OHIO 43302-8529
740-387-6100

NAME_____**Date of Birth**_____
First **Last**

Spouse's
NAME_____**Date of Birth**_____
if joining **First** **Last**

ADDRESS_____**PHONE (_____)**_____

CITY & STATE_____**ZIP CODE**_____

WEDDING ANNIVERSARY_____
(List only if both are joining)

EMERGENCY CONTACT INFORMATION - CLOSEST LOCAL RELATIVE OR FRIEND

NAME_____**PHONE (_____)**_____

RELATIONSHIP_____

ADDRESS_____

CITY & STATE_____ZIP_____

WELCOME TO THE MARION SENIOR CENTER! COME JOIN THE FUN!
(Transportation services available for all seniors aged 60 & over)

Office Use Only

Application Date_____ **Permanent** _____ **Working**_____

Taken By_____ **Birthday** _____ **Secretary's list**_____

Annual Fee or Season Special: $_____ **Excel** _____ **Angel Book**_____

Year Paid for: _____ **New Member Mixer Label**_____ **I & R**_____