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

- use for spouse or partner if joining

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

Phone (_____) _____-_____ Membership Key Card Number_____

- NAME_____ Date of Birth_____
  Spouse's name if joining First Last

- Phone (_____) _____-_____ Membership Key Card Number_____

ADDRESS_____**Alternate PHONE (_____) _____-_____**

CITY & STATE_____**ZIP CODE**_____

- ANNIVERSARY_____ ARE YOU A VETERAN? Yes ____ No_____
  (List only if both are joining) NAME_____

EMERGENCY CONTACT INFORMATION - CLOSEST LOCAL RELATIVE OR FRIEND

NAME_____**PHONE (_____) _____**

RELATIONSHIP_____

NAME_____**PHONE (_____) _____**

RELATIONSHIP_____

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

Office Use Only

My Senior Center_____ **Key card**_____

Application Date_____ **Membership Group** _____**Picture** _____

Taken By_____ **Married** _____ **Anniversary**_____

Annual Fee or Seasonal $_____ **Emerg Contact(s)**_____**Birthday**_____

Ending Year_____ **I & R**_____ **Record Book**_____

Excel_____ **New Member Mixer**_____