

## MEMBERSHIP APPLICATION

## Please Print

Name		
Address		
City	State	Zip Code
Home phone	Mobile phor	e
Date of Birth	Sex M F	Marital status
E-mail address		
Emergency contact		Phone
Doctor		Phone
DUE	ES ARE \$40 PER YEAR PER	PERSON
Membership Questions		
What hobbies do you enjoy?		
What activities would you like to see at The Center?		
I am interested in partici	pating as a volunteer.	
Please mail the completed application with a \$40 check made payable to		

The Silver Center 510 E. Court St. Seguin, TX 78155