For Office Use Only:
Membership Number_____

MEMBERSHIP APPLICATION

Senior Citizens of Reynoldsburg
S.C.O.R.

You must be at least 55 years old to join this organization. Membership lasts from January to January. The dues are not pro-rated. They are collected from November until February of the following year. If they are not paid by February, you will be removed from the mailing list.

RATES: **$15.00 - Reynoldsburg Residents or property owners in Reynoldsburg**
$20.00 - Non-Residents

Please make checks payable to the City of Reynoldsburg

Name _____
(First) (M.I.) (Last)

Nickname _____ **Birthday (mm/dd/yyyy)** _____

Home Phone ( ) - _____ **Cell Phone ( ) -** _____

Email Address _____

Street Address _____

City _____ **State** _____ **Zip Code** _____

Gender: **Male or Female** **Date Joined (mm/dd/yyyy)** _____
(Circle One)

Emergency Contact **Name** _____ **Relation** _____

Phone Number ( ) - _____

How do you want to receive your Newsletter?
(Check One)

Mail it to me _____ **I will pick it up at the center _____** **Email it to me _____**