

MAIN STREET CENTER
Senior Citizen Services of Vermillion, Inc.
320 W Main Street, Vermillion, SD 57069
MEMBERSHIP REGISTRATION

First and Last Name _____
(please print)

Home Mailing Address _____

City _____ State _____ Zip _____

Email address _____

Home phone _____ Cell phone _____

Birth date _____ (month/day/year)

Anniversary _____ (month/day/year)

Spouse or Significant Other First and Last Name _____

Birth date _____ (month/day/year)

As a new member I am interested in:

- | | | |
|--------------|-------------|-----------------------------------|
| Crafts | Dominoes | Cards (Pitch, Bridge or Pinochle) |
| Scrabble | Line Dance | Exercise Program |
| Computer | Puzzles | Reading |
| Cribbage | Movies | Day Trips |
| Board Member | Fundraisers | Volunteer Opportunities |

Please list other ideas that you would like to suggest as a new member of the center:

Emergency Contact Name & Phone Number (above)

If you are going to be gone for an extended period of time, please contact the Center with your forwarding address for the newsletter. USPS will not forward newsletters, but returns them to the Center at a cost of \$.46 each.

Office: **Annual Dues (\$35.00)** _____ **Lifetime Dues (\$350.00)** _____

Membership date _____