

**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:

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**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 up to \$1.25 each.*

Office: **Annual Dues (\$40.00)** \_\_\_\_\_ **Lifetime Dues (\$400.00)** \_\_\_\_\_

Membership date \_\_\_\_\_