

Membership Application for Year 2024

Germantown Senior Center

Membership runs from January 1 – December 31 annually

	Personal Info	rmation
Name:	Birthday:	
Spouse/Partner:	Birthday:	
Mailing Address:		
City, State, Zip:		
		Work:
Email Address:		
	In Case of Em	ergency
Name:	Telephone:	
Relationship:	Email:	
	Interest & Volu	ınteering
Interests and Hobbies:		
Are you interested in volunte	eering at the Senior Center?	Yes No
	Annual Membership	Fee Per Person
\$25 per year for Non- I understand that while parti- hereby release and forever d manner arising out of injury of	cipating in the services/programs, ischarge the Germantown Senior Cor damage which may be sustained	I will participate at my own risk. I also agree to and Center therefore, and its employees from or in the any I in any center program.
Signature: X		
Date (Membership Expires on Decem	nber 31st of each year)	
Mail or drop off completed a	pplication along with check made	payable to: Germantown Senior Center, 33 N. Cherry St.,

Germantown Senior Center 33 N. Cherry St. Germantown, Ohio 4532 (937) 853-8900

Germantown, Ohio 45327. We can only accept checks, no cash please. Thank you!