

CANBY ADULT CENTER MEMBERSHIP APPLICATION

New Member Renewal Single Membership: \$15/year Couple: \$25/year

Name _____ Birth Month _____ Birth Day: _____
Under 65 ___ *65-70* ___ *70-75* ___ *75-80* ___ *Over 80* ___

Name _____ Birth Month _____ Birth Day: _____
Under 65 ___ *65-70* ___ *70-75* ___ *75-80* ___ *Over 80* ___

Address: _____

Phone: _____

E-Mail Address: _____

Enclosed: Check: \$ _____ Cash: \$ _____

DONATION: Donor Name: _____ Donation Enclosed: \$ _____

Address: _____

MEMORIAL: In Memory of: _____ Memorial Enclosed \$ _____

Acknowledgement Address: _____