



www.HarvardSeniorCenter.org

# Harvard Community Senior Center

## Membership Form

6817 Harvard Hills Road  
Harvard, IL 60033  
815.943.2740

Single Membership \$10/year

Couple Membership \$15/Year

\*Couples are any 2 people who reside at the same address

Gift Membership \$10/\$15

I/We would like to make an additional gift, to assist towards serving seniors, in the amount of \$\_\_\_\_\_

**Please Print all**

How did you hear about The Senior Center?  
Please Check all that apply.

Website

Facebook (Social Media)

Search Engine

Newspaper

Friend, Name: \_\_\_\_\_

Other \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Spouse (if becoming a member): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse/Partner \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Emergency Contact Information

In case of illness while visiting the Senior Center or Senior Center events, please list the name of a friend and/or physician we can contact on your behalf. *Please print.*

Contact name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home or Cell (circle one)

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

I am interested in volunteering at the Senior Center

I am a Veteran, serving in the following branch of the armed forces \_\_\_\_\_

I am interested in the following activities, programs, services: \_\_\_\_\_

\_\_\_\_\_

