

**2024 WILLOUGHBY HILLS SENIORS INC.
ANNUAL MEMBERSHIP (renewal) FORM**

Welcome to Willoughby Hills Senior Center! We look forward to your participation.

Please complete the information below.

This information is needed for your safety and funding purposes.

PLEASE REMEMBER TO SIGN IN USING THE SIGN-IN SHEET ON THE TABLE IN THE SENIOR ROOM AS YOU ENTER. THIS IS OUR WAY OF TRACKING THE NUMBER OF INDIVIDUALS WHO USE THE ROOM. THANK YOU.

- The cost of membership:
\$7.00 for individuals or **\$10.00** for individuals and spouse/companion per calendar year.
- Dues and applications should be mailed to: Willoughby Hills Seniors, Inc., c/o Gloria Majeski, 2717 Graylock Drive, Willoughby Hills, OH 44094; Please call 440-951-0776 for more information. (Cash or check only please. No credit cards currently accepted).

TODAY'S DATE _____

APPLICANT 1 _____ I certify that I am at least 60 years old ____
(First) (Last)

APPLICANT 2 (spouse/companion at same address):

_____ I certify that I am at least 60 years old ____

(Street Address) (City) (State) (Zip)

Primary Phone (_____) _____ Landline or Cell (Circle one)

Secondary Phone (_____) _____ Landline or Cell (Circle one)

Email Address _____

Emergency Contact Name _____ Emergency Contact Phone Number _____

Please check if this is a dues renewal _____. Please check if this is your first time for paying dues _____.
Please check if you wish to continue getting the newsletter _____. Via email? ____ YES ____ NO

Please provide email address: _____

Signature of Applicant 1: _____

All the above information is correct to the best of my knowledge. _____

Dues shall be recorded by WH Seniors, Inc. and a receipt will be sent to you promptly.