



SARATOGA SENIOR CENTER

19655 Allendale Avenue
Saratoga, California 95070 (408) 868-1257
Return Address: P.O. Box 3033, Saratoga CA 95070

Staff use only
Membership numbers

MEMBERSHIP APPLICATION

New: _____ **Renewal:** _____ **Date:** _____

\$45 Single \$10 Per person for each additional member at the same address

PLEASE PRINT OR TYPE:

Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: (_____) _____ Alternate Phone: (_____) _____

Female Male Date of Birth: ____/____/____

Emergency Contact: _____ Phone: _____ Relationship: _____

Your Physician: _____ Phone: _____

I/we authorize SASCC to use any photographs taken of me/us on the website and publications.

Would you like to receive **The Outlook** newsletter monthly via email: Yes No

Email: _____

Additional Member's Name: _____

Date of Birth: ____/____/____ Female Male email: _____

Relationship _____ Phone: _____ Your Physician: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Ethnicity: Please Check One

	Main Member	Second Member
White/Caucasian	_____	_____
Black/African American	_____	_____
Hispanic	_____	_____
Asian	_____	_____
Other (Please specify)	_____	_____

Would you like to become a volunteer? Yes (Please ask for Volunteer Application) No

Special interests: _____

**In addition to my Membership I would like to support SASCC with tax-deductible contributions.
Both membership dues and donations to SASCC are tax deductible.**

Donation in Memory or Recognition of: _____

Membership Amount: _____ Donation of: _____ Special Gift of: _____ Class Fee: _____