



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** _____

\$25 Single \$10 Per person for each additional member at the same address

PLEASE PRINT OR TYPE:

Name: _____

Address: _____ City: _____ Zip: _____

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

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

Emergency Contact: _____ Phone: _____

Relationship _____ Your Physician: _____ Phone: _____

Additional Member's Name: _____

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

Emergency Contact: _____ Phone: _____

Relationship _____ Your Physician: _____ Phone: _____

Ethnicity: Please Check One

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

In addition to my Membership I would like to support
SASCC with tax-deductible contributions.

Donation of \$ _____

Special Gift of \$ _____

In Memory or Recognition of _____

Membership Amount _____

Total Enclosed _____

Both membership dues and donations to SASCC are tax deductible.

Would you like to become a volunteer? _____ **Yes** _____ **No**

If so, in what area(s)? _____

Special interests: _____