

DEARDOFF SENIOR CITIZENS CENTER

605 S. RIVER STREET FRANKLIN, OH 45005 (937)743-8100

ANNUAL MEMBERSHIP APPLICATION

Last Name: _____ First Name: _____

Street: _____ City: _____ Zip: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact:

Name: _____ Home #: _____ Cell #: _____

Interests/Hobbies: _____

Would you be interested in volunteering at the Senior Center? _____ YES _____ NO

I understand that while participating in the services/programs, I will participate at my own risk. I also agree to and hereby release and forever discharge the Walter & Audrey Deardoff Senior Citizens Center therefore, and its officers, agents, or employees from or in any manner arising out of injury or damage which may be sustained in the aforementioned programs.

Signature: **X** _____

60 years and older- \$15 a year for the City of Franklin, Franklin Township, and Village of Carlisle
\$30 a year for all surrounding areas

50-59 years old- \$25 a year for the City of Franklin, Franklin Township, and Village of Carlisle
\$40 a year for all surrounding areas

Mail or drop off completed application to Director along with dues (Cash, Check, or Money Order - No Credit Cards).