

# Deardoff Senior Citizens' Center

605 S. River Street

Franklin, OH 45005

937-743-8100

## Annual Membership Application

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

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### Emergency Contact:

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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Interests/Hobbies: \_\_\_\_\_

Would you be interested in volunteering at the Senior Center: \_\_\_ Yes \_\_\_ No

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*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 the any manner arising out of injury or damage which may be sustained in the aforementioned programs.*

Signature: **X** \_\_\_\_\_

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

**50-59 years old** - \$25 a year for City of Franklin, Franklin Township and Village of Carlisle  
\$40 a year for all surrounding areas (until age of 60)

Mail or drop off completed application to Director Jenni Lemons along with dues (cash, check or money order – no credit cards)