



Andover Senior Center Membership Form



At our September board meeting, it was approved to increase the membership dues to \$12 a year/ \$1 month. Also, with that change, our membership will run with the calendar year from January through December. The attached invoice might have a couple of prorated months to adjust for the calendar year membership. Please bear with us as we make this transition.

Your membership contribution, time and talent will help us continue our mission. There are many opportunities to show off your creativity and talents. If interested, please check your area of interest on the form. The Andover Senior Center regular monthly board meetings are the first Monday of the month at 9:30am. Membership meetings are held the 3rd Friday of each month at 11am. We welcome any suggestions the members have for the Andover Senior Center. We have a suggestion box next to the director's office. Stop by and say "Hi". Thank you for your continued support of the Andover Senior Center.

Membership fee: \$12 a year, per person

Please complete this form and return it to w/ your TAX-DEDUCTIBLE donation/membership fee to the Center or mail to:

Andover Senior Center 410 N Lioba Andover, KS 67002



Name: (Print) _____

Address: _____ City: _____ State _____ Zip Code: _____

Phone number / Cell: _____

Date of Birth: _____ Anniversary: _____ (if both are members)

Email address: _____

New Member-Referred by _____ # _____ Renewal Honorary Member 90+ (Free)

I am interested in helping / volunteer in the kitchen

I am interested in volunteering with Activities/Events/Monthly Lunch fundraisers

I want to know more about serving on the Andover Senior Center Board of Directors

Talents, Hobbies and Interests: _____

Emergency Contact (other than spouse): _____

Name

Relationship

Phone

Your photo may be taken during events. By becoming a member, you grant the Andover Senior Center permission to use your photo for newsletters, etc.

Signature _____

Date _____

Thank you for your Membership!

Email: ASC-Director@outlook.com Phone 316-733-4441

Web: www.andoverks.com/316/Andover-Senior-Center

Office Use Only: Date _____

Last Name _____ First Name _____

PAID: \$ _____

Check # _____ Cash

Receipt # _____