

MEMBERSHIP APPLICATION

FORTUNA SENIOR CENTER

(Please print)

Name 1 _____ Name 2 _____

Birthdate(s): 1 _____ 2 _____
Month/Day/Year Month/Day/Year

Mailing Address: _____

City _____ State _____ Zip _____

Phone _____ E-Mail: _____

Send **announcements and post cards** to:

- ☐ the above email address
- ☐ the above USPS mail address

Send the **newsletter** to:

- ☐ the above email address
- ☐ the above USPS mail address

Select

Membership <u>Type</u>	Suggested <u>Donation</u>
<input type="checkbox"/> Life Membership	\$1,000
<input type="checkbox"/> Visionary	\$ 500
<input type="checkbox"/> Supporter	\$ 250
<input type="checkbox"/> Friend	\$ 100
<input type="checkbox"/> Couple	\$ 60
<input type="checkbox"/> Individual	\$ 36
<input type="checkbox"/> Other	\$ _____

Make checks payable to Fortuna Senior Center.

Mail to: Fortuna Senior Center, 3000 Newburg Rd. Suite B Fortuna, CA 95540

- ☐ Please contact me about volunteer opportunities.

Telephone: (707) 726-9203

E-mail: admin@fortunasenior.org