

Mohler Center

25 Hope Drive, Hershey, PA 17033 -- (717) 533-2002 -- www.mohlerseniorcenter.com

NEW MEMBER REGISTRATION

Last Name _____ First _____ Middle (Initial) _____

Phone Number (Home) _____ (Cell) _____

E-mail (please print) _____ Birthdate (optional) _____

ADDRESS:

Street _____ Apt # _____

City _____ State _____ Zip _____

(*If registering a significant other or household member, please add the name below)

Last Name _____ First _____ Middle (Initial) _____

Phone Number (Home) _____ (Cell) _____

E-mail (please print) _____ Birthdate (optional) _____

EMERGENCY CONTACT *(Required)*

Name _____ Phone _____

Relationship to member _____

CONTRIBUTION *(Tax Deductible)*

Minimum Annual Contribution (circle one) \$75.00 (single) OR \$150.00 (couple)

Additional Contribution _____

Total Contribution _____

(The Mohler Center runs solely on member contributions and fundraising. Any extra you can give directly benefits the Mohler Center's programming and operating costs. Scholarship funds available.)

----- OFFICE USE ONLY BELOW -----

Check Number _____ Cash _____ Date Donated _____