

Mohler Center

Renewal Date _____

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 _____

ADDRESS:

Street _____ Apt # _____

City _____ Twp _____ State/Zip _____

(Spouse— only if joining)

Last Name _____ First _____ Middle (Initial) _____

Phone Number (Home) (____) _____ (Cell) (____) _____

E-mail (please print) _____ Birthdate _____

EMERGENCY CONTACT *(Required)*

Name _____ Phone (____) _____

Relationship to member _____

ANNUAL CONTRIBUTION:

Tax Deductible Contribution: (circle one) \$75.00 (single) OR \$150.00 (couple)

Additional Tax Deductible 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 _____