

MEMBERSHIP APPLICATION - SEVEN COUNTY SENIOR FEDERATION

Name _____ Birth Date _____

Spouse _____ Birth Date _____

Address _____

City _____ State _____ Zip _____ County _____

Phone (____) - _____

I was referred by (if applicable): _____

Type of Membership

Annual Single Membership \$12

Annual Couple Membership \$22

Lifetime Membership(s) \$200
(age 65 and over)

Auxiliary Membership \$6
(under age 50)

Tax deductible donation \$ _____

Total enclosed \$ _____

The services, facilities, and benefits of this program are for the use of all people regardless of race, color, sex, religion, disability, or national origin.

Your donation is voluntary and tax deductible. Please make checks payable to:

Seven County Senior Federation, 47 N. Park St., Mora, MN 55051