

WELCOME TO MONTPELIER SENIOR ACTIVITY CENTER!

NEW MEMBERSHIP APPLICATION

DATE _____
NAME _____ BIRTHDATE _____
MAILING ADDRESS _____
TOWN/CITY, STATE, ZIP _____
TOWN/CITY OF RESIDENCE (if different from mailing) _____
Do you live elsewhere part of the year? _____

TELEPHONE _____ CELL _____
E-MAIL _____

How would you prefer to read the MSAC monthly newsletter, *Action Times*?
Online at www.Montpelier-vt.org/msac _____ via e-mail _____ USPS _____

Person to contact in case of emergency _____
His/her telephone and address _____

How did you hear about MSAC? Friend/Family_ Printed Media _ Online _ Other _____

What are your primary reasons for joining? Classes__ Gym/Bowling__ Trips__
Other (please describe) _____

What new activities, programs, or services are you interested in having here at the Center?

What talents or skills would you like to share at the Center?

Are you interested in being a volunteer at the Center? Yes ____ No ____
If yes, mailings____, publicity____, assisting or leading an activity____, Capital Campaign for 58 Barre Street____ Other _____.

Do you have any special health problems we should be aware of? _____

Note: Membership is renewed yearly in July/August upon receipt of your annual dues*.

Dues: \$10 for residents of Montpelier. All others are \$25.

*We do not prorate the membership fee or the quarterly classes for a partial year/quarter.

Staff: Janna Clar, Director / Johanna Nichols, Program Assistant / Suzie Gomez, Office Assistant
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Office Use Only Date Rec'd _____ Cash or Check Amount _____ Database entry _____ Notes:
