

# Mohler Center

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

## NEW MEMBER REGISTRATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Phone Number \_\_\_\_\_ Birth date: (optional) \_\_\_\_\_ Email \_\_\_\_\_

**(If registering a spouse, please add name below)**

Spouse's Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Spouse's Birth date: (optional) \_\_\_\_\_ Email \_\_\_\_\_

ADDRESS:

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact (*required*)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to member \_\_\_\_\_

Minimum Annual Contribution (circle one) \$65.00 single or \$130.00 couple

Additional Tax Deductible Contribution = \_\_\_\_\_

*(The Mohler Center does not receive funding from the Area Agency on Aging. All donations go toward center operations.)*

Total Contribution = \_\_\_\_\_

(OFFICE USE) CHECK NUMBER \_\_\_\_\_ CASH \_\_\_\_\_ DATE DONATED

**(If necessary, incremental payments can be arranged)**

*VOLUNTEERS ARE ALWAYS WELCOME. IF YOU ARE INTERESTED IN VOLUNTEER OPPORTUNITIES, CONTACT THE DIRECTOR.*