

Lafayette Senior Services Membership Form 2016

Lafayette Senior Services, 500 St. Mary's Road, Lafayette, CA 94549 Tel 925.284.5050
Email: seniors@lovelafayette.org

\$15 annual membership fee good through December 31, 2016

*90+ years old? No charge.

Please make checks payable to City of Lafayette.

A.

<i>Contact Information – Please Print</i>							
<i>Date</i>							
<i>Name</i>	<table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;"></td> <td style="border: none; width: 33%;"></td> <td style="border: none; width: 33%;"></td> </tr> <tr> <td style="border: none; text-align: center;"><i>First</i></td> <td style="border: none; text-align: center;"><i>Middle Initial</i></td> <td style="border: none; text-align: center;"><i>Last</i></td> </tr> </table>				<i>First</i>	<i>Middle Initial</i>	<i>Last</i>
<i>First</i>	<i>Middle Initial</i>	<i>Last</i>					
<i>Street Address</i>							
<i>City, State & Zip</i>							
<i>Home Phone</i>							
<i>Cell Phone</i>							
<i>E-Mail Address</i>							

Are there any additional programs you would like to see offered by Lafayette Senior Services?

PHOTO WAIVER

I give the City of Lafayette and its officers, agents, and employees permission to use my photograph from Lafayette Senior Services Programs for the purposes of recruitment, advertising, public relations, obtaining grants, or other purposes related to the mission and work of the City of Lafayette and its officers, agents, and employees, as well as for the historical records of the organization. I have read and fully understand the above waiver.

Signature: _____ Date: _____

Office Use Only:	
Amount	
Date pd	
Check___	Cash___