



900 Whiting Drive
Yankton, SD 57078
605-665-4685
director@thecenteryankton.org

MEMBERSHIP APPLICATION

Email address: _____

Membership Card# _____

Name _____ Spouse _____

Address _____ Apt. _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Birthdate _____ Anniversary _____

Initial Date of Membership _____ Type of Membership: Annual Renewal Lifetime

Name and Address of Children: _____

Media Release Signature: _____ (So we may use your photo in the newsletter)

Amount of Dues Paid: \$ _____ 2014 2015 2016 2017 2018 2019

INTERESTS

Would you use The Center for any of the following:

____ Crafts ____ Dance Lessons ____ Billiards ____ Bingo ____ Cards

____ Woodworking ____ Exercise ____ Music ____ Trips ____ Bowling

____ Education Classes ____ Computers ____ Darts ____ Bean Bags Toss

Other: _____

Are you retired: Yes _____ No _____

Current or past profession: _____

Volunteer Preferences:

No, I am not interested at this time: _____

Yes, I am interested in volunteering with The Center: _____

Areas of Interest: _____

I learned about The Center from: _____

Staff Initial/Entered in to My Senior Center: _____