



Membership Form

LEHIGH COUNTY SENIOR CENTER

1633 Elm Street
Allentown, PA 18102
Phone: 610-437-3700
FAX Number: 610-437-6252

I have read and agree to the bylaws:

YES! I am interested in membership at the Lehigh County Senior Center. I have enclosed my check for membership.

Name: Mr. Mrs. Ms.

Name: Mr. Mrs. Ms.

Address:

City:

State:

Zip:

Phone Number:

Email Address:

Email Address:

Birthdate:

Birthdate:

Township:

Membership category's: Circle one.

Life \$150

My additional donation of \$

Regular (\$20 1 yr) (\$35 2 yrs) (\$49 3 yrs)

Household (\$20 1 yr & \$15 2nd person) (\$35 2 yrs \$30 2nd person) (\$49 3 yrs & \$45)

I am part of the PACE or PACENET drug assistance program

(income not to exceed \$23,500 for 1 or \$31,500 for 2) ___ yes ___ no

If no would you like more information on how to apply? ___ yes ___ no

Please check the categories that best describe you.

Caucasian, ___ African American, ___ Hispanic, ___ Asian, ___ Native American, ___ Other, ___



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