



**Membership
Form**

**LEHIGH COUNTY
SENIOR CENTER**

1633 Elm Street
Allentown, PA 18102
Phone: (610) 437-3700
Fax: (610) 437-6252

www.lehighseniors.org

**Please complete a separate form
to register your spouse, a friend,
or family member.**

**I have read and agree with the
Bylaws:**

(your signature)

Note: You can download a copy of our
Bylaws from our website.
Please see our Membership page.

YES! I am interested in membership at the Lehigh County
Senior Center & have enclosed my check for \$ _____
made payable to, "LCSC".

LIFE - \$150 Regular - \$20 Patron - \$20 Benefactor - \$25 or more

Name: (Mr.)(Mrs.)(Ms.) _____

Address: _____

City: _____ State: _____ Zip: _____

Township: _____

Phone Number: () _____ Birth Date: _____

Email Address: _____

The Senior Center Newsletter

All Memberships includes one subscription* per household

*Life (Lifetime Subscription) Regular, Patron, Benefactor (Yearly Subscription)

PLEASE DO NOT MAIL MY NEWSLETTER.
I WILL VIEW ONLINE at www.lehighseniors.org

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 for
PACE or **PACENET**? YES NO

Please check the category that best describes you:

Caucasian African American Hispanic Asian Native American