

WILLITS SENIORS, INC.
WILLITS HARRAH CENTER
1501 BAECHEL * WILLITS, CA 95490 * (707)459-6826

MEMBERSHIP DUES & ADDITIONAL DONATIONS

7/1/2023 THRU 6/30/2024

DATE _____

Please make checks payable to: WSI (Willits Seniors, Inc.) \$35 per person * \$60 per couple

How would you like to receive your Newsletter by: Mail _____ Email _____ Pickup: _____

Voting Member (55 yrs. & older) _____ * Supporting Member (Under 55 & Organizations) _____

In addition to my Membership, I am enclosing a tax-deductible donation of \$ _____ to support:

Outreach _____ Transportation _____ Nutrition _____ Administration _____

Your Name _____ Spouse's Name _____

Mailing Address _____ City _____ Zip _____

Phone _____ Date of Birth _____ Date of Birth _____

E-mail Address (print clearly) _____

❖ EMERGENCY INFORMATION

Doctor _____ Phone _____

❖ FAMILY OR FRIEND

NAME _____ Phone _____

Relationship of above (friend, daughter, son, etc.) _____

❖ OFFICE USE ONLY (Check appropriate lines)

Membership Card # _____ # _____

Check# _____ Cash/CC _____ Amount Paid \$ _____ Additional Donation \$ _____

Renewal _____ Single _____ Couple _____

New Member _____ Single _____ Couple _____

CHANGES: Put a check mark if anything in information section above has changed. All changes must be entered into the computer.

Address Change _____ Phone# Change _____ Emergency Information Change _____

Deceased _____ Moved (No new address) _____ Other _____

All the above information has been entered into the Computer _____ (Initials)