

Kuna Senior Center Membership

Print Please

Name: _____
(First Name) (Last Name)

Nickname: _____ male / female (circle one)

Date of Birth _____ Age: ____ Phone: _____ Marital status: _____

Home Address: _____

City: _____ State: _____ Zip: _____

I would be willing to help with: Cleaning Tables ____ Decorating ____ Potlucks ____

Front Desk ____ Thrift Store ____ Kitchen ____ Phone calling ____

Calling Bingo ____ Exercise Class ____ Straighten Brochure Racks ____

Emergency Contacts:

Name: _____ Relationship: _____

Phone: _____ 2nd phone: _____

Name: _____ Relationship: _____

Phone: _____ 2nd phone: _____

In the event of an emergency this information may be given to responding emergency personnel. I give my permission to be photographed and videotaped that can be used to promote the Kuna Senior Center. We reserve the right to refuse service to anyone.

2025 - Annual Membership is \$10.00

Signature: _____ Date: _____ RECEIPT # _____

2026 – Annual Membership is \$ _____

Signature: _____ Date: _____ RECEIPT # _____

2027 – Annual Membership is \$ _____

Signature: _____ Date: _____ RECEIPT # _____