

Joslyn Senior Center Membership Information Sheet



Please Type or Print

Name- Mr./Mrs./Ms. _____

Spouse(if also member) _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Fax (____) _____ E-mail _____

Emergency Contact _____ Phone (____) _____

Interests/ Opportunities

1 Yes, I would like to volunteer, please contact me

1 Yes, I would like to be contacted to donate to the Joslyn Endowment Fund

I learned about the Joslyn Senior Center from _____

I am interested in participating in the following programs/classes (Please list)

Support Levels

____ \$20 Individual ____ \$40 Family ____ \$100 Angel

Office Use Only

Date Joined _____ Card Issued _____ Cash _____ Check # _____ Received By: _____

73-750 Catalina Way Palm Desert, CA 92260 Telephone (760) 340-3220 Fax (760) 568-9230