



PORTSMOUTH MULTI-PURPOSE SENIOR CENTER



2019-2020 RENEWAL MEMBERSHIP FORM

Membership Valid Now Through June 30, 2020

Name:

Street Address:

City, State, Zip Code

Home Phone:

Cell:

Email Address:

Birthdate:

Emergency Contact Information

Full Name:

Relationship to Member:

Phone:

Cell:

Please complete this form in its entirety. It is very important for our Senior Center statistics. Thank you.

Member Signature: _____ Date: _____

- Membership Renewal Fee of \$15 is enclosed.
 I wish to give an additional donation of \$_____

Checks Payable to:

Portsmouth Senior Center

Enclose this form with your check to:

Portsmouth Senior Center

P.O. Box 202

Portsmouth, RI 02871-0202

ALL INFORMATION IS KEPT CONFIDENTIAL

If you've already paid your dues, please disregard this notice. Thank you.

See other side

Volunteer Application

Name: _____

Phone No. _____

Interests

Tell us in which areas you are interested in volunteering

- Dinner Dances (Prep Work, Tables Set Up, Servers, Clean Up After Dances)
- Giant Yard Sale—AUGUST (Set Up, Clean Up, Yard Sale Workers, Parking Cars)
- Handyperson
- Holiday Bazaar—NOVEMBER (Set Up, Clean Up, Workers)
- Island Senior Chorus Group (No Experience Necessary)
- Meal Site (Table Set-Up, Servers, Clean-up)
- Newsletters
- Office (Specify: _____)
- Social Media/Web Researcher
- Special Events
- Thrift Shop

Greeters Needed (Call the office for more information.)

Suggestions and Comments Welcome:

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

If you are interested in volunteering for any of the above or need more information, please contact the Director at (401) 683-4106.

THIS CENTER CAN BE ONLY SUCCESSFUL IF WE ALL WORK TOGETHER!

THANK YOU FOR YOUR SUPPORT!