



52 E. Northwest Highway

Des Plaines, IL 60016

(847) 768-5944 www.genctr.org

Membership Application & Renewal Form

Name: _____

First Name (please print)

Last Name (please print)

DOB: _____ / _____ /19

E-mail: _____

FOR OFFICE USE ONLY	Date	Initials
New Member		
Renewal Member		
ADV List		
Members List		
My Senior Center		
Address Change		

Single Membership

1 Year	(Good Value)	\$75
2 Year	(Great Value)	\$130

Street Address (please print)

Apt. #

1 Year	(Good Value)	\$120
2 Year	(Great Value)	\$220

City

State

Zip

Telephone Number: _____

* for the purpose of membership at the GENCenter, a "couple" refers to two people living at the same address; proof of residency required.

Spouse/Partner First Name

Last Name (if different from above)

Spouse/Partner DOB: _____ / _____ /19

Legacy Gift \$5,000
Includes automatic annual membership renewal for life, and is partially tax deductible.

Name/Relationship (please print)

Sponsor A Senior

<input type="checkbox"/>	Ind. Gift Membership	\$75
<input type="checkbox"/>	Couple Gift Membership	\$120

Telephone

I/we would like to make an additional contribution to support the services offered at the GENCenter in the amount of: \$ _____

Physician Name/Telephone

The GENCenter understands and respects the privacy of its members, subscribers, and donors. All membership applications and donor records are kept in strict confidence, and are official records of the GENCenter and, as such, becomes its property. These records shall neither be transferred nor utilized except on behalf of the GENCenter. I recognize and acknowledge that there are certain risks of physical injury in using the equipment in the fitness center and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I must sustain as a result of said participation. Pictures may be taken at events and used for marketing purposes. Membership fees are non-refundable.

Total: _____

