



Lenox Community Center  
6715 Minnetonka Boulevard  
St. Louis Park, MN 55426  
952-928-6444

# MEMBERSHIP APPLICATION

**COST: \$30.00 Payable to ISD 283**

\_\_\_\_\_NEW \_\_\_\_\_RENEWAL

Complete one application for each person. Please print.

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street/Apt.) (City) (State/Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ (REQUIRED)

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you interested in learning more about the Senior Advisory Council?

Is there a particular activity/program that prompted you to join?

Are there any programs or activities you would like to have offered?

**FOR OFFICE USE ONLY:**

**DATE:**

**AMOUNT PAID:**

\_\_\_ DATABASE/TAGS  
\_\_\_ DEPOSIT  
\_\_\_ MEMBERSHIP CARD

\_\_\_ CHECK NUMBER  
\_\_\_ CASH  
\_\_\_ CREDIT CARD

**RENEWAL MONTH/YEAR**

**REGISTERED BY:**