



**Dexter Senior Center**  
2740 Baker Rd.  
Dexter MI 48130  
**734-426-7737**

www.dexterseniors.org

## Membership Form

### Dues \$35

Dues are for one year from the time of payment.  
Please make checks payable to Dexter Senior Center

Renewal \_\_\_\_\_ New \_\_\_\_\_

Date Submitted \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Township: City of Dexter    Dexter Twp    Scio Twp    Webster    Other: \_\_\_\_\_

**How would you like to receive your newsletter?**    Pick Up    Email    Mail

**How would you like to stay up to date on center changes?**    Text    Email    Phone

**In case of emergency**, I authorize the Dexter Senior Center personnel to act in my behalf to authorize medical treatment to, upon, or for the benefit of myself and that such treatment shall be my full responsibility including transit to the nearest medical facility. I give permission for staff to notify my emergency contact(s). Initial here: \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_

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

**Photo release:** I give permission to the Dexter Senior Center to use my photo for any promotion materials if taken while participating in any of the Center's activities or events. Initial here: \_\_\_\_\_

**Waiver of Liability:** I understand that all programs/activities involve some risk of accident or injury. I agree to indemnify Dexter Senior Center and its affiliates and hold them harmless from any liability, claims, demands, and judgments arising at any time when I participate in any program or activity. My choice to participate at the Dexter Senior Center, including the use of its equipment, is at my own risk. I understand that Dexter Senior Center does not provide insurance for participants, nor does it assume responsibility for accidents or injuries. Initial here: \_\_\_\_\_

The Dexter Senior Center is a non-profit organization and depends on fundraising and donations to cover the cost of operations. Please consider donating now. Donations are tax deductible. You will receive an acknowledgement of your donation for tax purposes. \_\_\_\_\_ I have included a donation of \$\_\_\_\_\_ with my \$35 membership dues.

**For Office Use Only:** Renewal \_\_\_\_\_ New Membership \_\_\_\_\_ Notes \_\_\_\_\_

Date: \_\_\_\_\_ Total Paid \$\_\_\_\_\_ Credit/Cash/Check# \_\_\_\_\_ Card Issued \_\_\_\_\_