



2740 Baker Road
Dexter, MI 48130

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dexterseniors.org

MEMBERSHIP FORM

Dues \$35/year and are for 1 year from date of payment

Make checks payable to: **Dexter Senior Center**

☐ New ☐ Renewal

Name: _____

Date of Birth: _____ Phone: _____

Email: _____

Address: _____ City/Zip: _____

Municipality (check one):

☐ City of Dexter ☐ Scio Twp ☐ Webster Twp ☐ Dexter Twp
☐ Other: _____

How would you like to receive your newsletter?

☐ Email ☐ Paper mail ☐ Pick up at Center

Emergency Contact & Medical Authorization

In the event of a medical emergency, Dexter Senior Center (DSC) will contact emergency medical services (911). I understand that I am responsible for any costs associated with medical care or transportation. I give permission for DSC to notify my designated emergency contact.

Emergency Contact: Name _____ Phone: _____

Photo & Media Notice

Dexter Senior Center may photograph or record programs and events for promotional use. By participating, you acknowledge that your image may be included. If you prefer not to appear, please notify staff and remove yourself from areas where photos or videos are being taken.

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 judgements arising at any time when I participate in any program or activity. My choice to participate at the DSC, including the use of its equipment, is at my own risk. I understand that DSC 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 and a receipt of your donation will be provided.

I have included a donation of _____ along with my \$35 membership dues.

For OFFICE USE ONLY:

☐ New ☐ Renewal Amount Paid: _____ Credit/Cash/Check# _____ ☐ Card Issued
Date Processed: _____ ☐ EXCEL Updated ☐ MSC Updated ☐ Donation Letter Sent