

WILLOUGHBY HILLS SENIOR CENTER, INC.
35400 CHARDON ROAD
WILLOUGHBY HILLS, OHIO 44094

MEMBERSHIP FOR 2014

(Please print)

Name: _____ Phone _____

Address: _____ Birthday ____ / ____ / ____

Spouse ____ / ____ / ____

City: _____ State: _____ Zip: _____

Please check if this is a dues renewal _____.

Please check if this is your first time for paying dues _____.

Please check if you wish to continue getting the newsletter. _____.

Additional information available on Channel 12,

or visit WWW.WILLOUGHBYHILLS-OH.GOV on the internet AND FIND US UNDER "SENIOR CENTER".

or Call 440-951-1826 for additional information.

WE APPRECIATE YOUR CONTINUED SUPPORT OF OUR WILLOUGHBY HILLS SENIOR CENTER.

Suggestions and comments:

Please return the entire form.

Dues are \$7.00 for individuals and \$10.00 for individual and spouse per calendar year.

Dues & applications may be mailed to: Willoughby Hills Senior Center, Inc.
35400 Hanna Rd.
Willoughby Hills, Ohio 44094-9195

Please do not write below this line

Date dues rec'd: _____
Amount. rec'd: _____
Receipt # _____