## **MEMBERSHIP APPLICATION**

## **FORTUNA SENIOR CENTER**

(Please print)						
Name 1		Name 2 _	Name 2			
Birthdate(s): 1		2_				
	/lonth/Day/Year		Month/Day/Year			
Mailing Address:						
City			State	Zip		
Phone	E-Mail:					
Send <b>announcemer</b> the above e	•	<b>ls</b> to:				
	SPS mail address					
		•				
Send the <b>newslette</b>						
□ the above e	mail address					
□ the above U	JSPS mail address	S				
Select						
Membership	Suggested					
<u>Type</u>	<b>Donation</b>					
☐ Life Membership	\$1,000					
□ Visionary	\$ 500					
□ Supporter	\$ 250					
□ Friend	\$ 100					
□ Couple	\$ 72					
□ Individual	\$ 40					
□ Other	\$					
Make checks payable to Mail to: Fortuna Senior			Fortuna, CA 9	5540		
□ Please contact me	e about voluntee	r opportuni	ities.			

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