

**Eagle Senior Center**  
**208-939-0475**  
**Membership Information**  
**Dues are \$3.00 a Calendar Year**

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

**Street:** \_\_\_\_\_

**City/Zip** \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_

**Emergency Contact Information:**

\_\_\_\_\_

\_\_\_\_\_

**I am willing to assist in:** \_\_\_\_\_

**Activities I would like to participate in:**

\_\_\_\_\_

\_\_\_\_\_

**Dues received by cash** \_\_\_\_\_ **check** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date:** \_\_\_\_\_