

**Eagle Senior Center
208-939-0475
\$5.00 per Calendar Year
Membership Application**

Name: _____

Address: _____

Phone: _____

Emergency Contact Information: (Name & Phone #)

Date of Birth: _____

I am willing to assist in: _____

Activities I would like to participate in:

Paid: cash _____ **check** _____

Signed _____ **Date:** _____

ESC Representative _____