

Friends of the Senior Activity Center of Sheboygan Annual Friendship Application

Please **PRINT** clearly!

Please complete all portions of the application. **ONE application per couple.** Information provided is for **SACS** use only and helps us to know more about those we serve. No information will be shared without permission.

NAME: _____ DOB: _____

SPOUSE NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

SPOUSE EMAIL: _____

EMERGENCY CONTACT #1

EMERGENCY CONTACT #2

NAME: _____

NAME: _____

PHONE: _____

PHONE: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

The following questions will help us to determine different ways that we can serve you better.
This is for internal use only. No information will be shared without permission.

If you are a *NEW* member, how did you hear about us? _____

Do you have a Medicare Advantage plan? _____ YES _____ NO

If yes, which one? _____

What *NEW* programs would you like to see at the *NEW* center? _____

Annual Friendship Dues are per person:

Applications received by 12/31/2020: \$25/cash, check, or credit card _____

Applications received after 1/1/2021: \$30/cash or check _____ \$35/credit card _____

I proudly support the Friends of the Senior Activity Center of Sheboygan.

Enclosed is my tax deductible donation of: _____

Checks made payable to: **Friends of SACS**

Master Card

Visa

AmEx

Discover

Card Number

CVV

Exp Date

Application and Friendship Fees can be mailed to: **SACS 828 Center Avenue, Sheboygan, WI 53081**

OFFICE USE ONLY

Date Received: _____ Friendship # _____ Friendship # _____

The Friends of the Senior Activity Center of Sheboygan is a 501(c)(3) tax deductible organization.
Friendship fees are not tax deductible. Any donations received above and beyond the Annual Friendship Fee are tax deductible.