



MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

*If Barre address, are you in **town** or **city**? (please circle)

PHONE: _____ EMAIL: _____

*Would you like to receive the newsletter by email? Yes _____ No _____

BIRTH DATE: (optional) _____

EMERGENCY CONTACT NAME & PHONE:

Suggested minimum annual membership: \$25.00

PAID: \$ _____ DATE: _____ (Renewal due July 1st)

May we contact you to volunteer? Yes _____ No _____

Send to: 131 So. Main St. #4, Barre, VT 05641

(802) 479-9512 – www.barreseniors.org – facebook.com/barreseniors

*Please note that your image may be used for BASC promotional purposes. Please initial that you have read and understand. _____