Memberships are $30 each for 2025

Fergus Falls Senior Citizens Program, inc.

For Office Use Only:
Card #_____
Amount Pd $_____
Ck#_____or Cash
Rec'vd by:_____
Date Rec'vd_____

Membership Application

Dues for the Fergus Falls Senior Citizens Program, Inc. are due January 1, 2025 and will be accepted starting October 1, 2024. Membership fees as established by the Fergus Falls Senior Citizens Board of Directors are **$30 per year**. Members must be 55 years of age and older and their spouse or caregiver may join regardless of their age. Membership entitles the member to a monthly newsletter and voting privileges. If you are a Silver Sneakers, Silver & Fit or OnePass/Renew Active member and are joining to access the fitness equipment, or line dancing class **ONLY** membership fees will be waived. Membership proceeds go into the Activity Fund.

Please fill out the application form below and return it to the Senior Citizens office to receive your membership card. Any questions can be directed to the staff at 736-6842.

☐ NEW MEMBER ☐ RENEW MEMBERSHIP

NAME OF HEALTH INSURANCE_____

NAME_____

ADDRESS_____

TELEPHONE #_____

BIRTH DATE_____

NEWSLETTER PREFERENCE ☐ E-MAIL_____(include email address)
☐ MAIL

EMERGENCY CONTACT:

NAME_____PHONE #_____

RELATIONSHIP_____

WAIVER: In consideration of the Fergus Falls Senior Citizens Program, Inc. accepting this application, I, for myself, my spouse, my heirs, executors, and/or administrators, release and forever discharge the Fergus Falls Senior Citizens Program, Inc. and its officers, employees, directors, volunteers, agents, servants, and all connected with the Fergus Falls Senior Citizens Program, Inc. of and from any and all rights, claims, demands and actions of any and every nature whatsoever, for any and all loss, damage, injuries sustained by me or my property at any time. I also authorize the use of any and all photographs taken within the Fergus Falls Senior Citizens Program, Inc. to be used for publicity of the Fergus Falls Senior Citizens Program, Inc. I declare, for myself, and/or my spouse, that I/we am/are physically sound and medically approved to participate in the activities of the Fergus Falls Senior Citizens Program, Inc., and that I have been instructed to get my doctor's permission before engaging in any activity offered through the Fergus Falls Senior Citizens Program, Inc.

Signature_____ Date_____