

WILLOUGHBY HILLS SENIOR CENTER
35400 CHARDON ROAD
WILLOUGHBY HILLS, OHIO 44094

MEMBERSHIP APPLICATION

(Please print)
Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Check one:
Dues renewal _____ First-time dues: _____
Do you wish to continue getting the newsletter? (Circle one) YES NO

Watch Channel 12, visit www.willoughbyhills.net and click on Senior Center navigation button or call (440) 951-1826 for more information.

Suggestions and Comments: _____

Please return this entire form with your check or money order.

Dues are \$7.00 for individuals, \$10 for couples per calendar year.

Please mail dues and applications to: **Willoughby Hills Senior Center, Inc.**
35400 Hanna Rd.
Willoughby Hills, Ohio 44094-9195

WE APPRECIATE YOUR CONTINUED SUPPORT OF OUR WILLOUGHBY HILLS SENIOR CENTER.

For office use only:
Date dues rec'd: _____
Amount rec'd: _____
Receipt #: _____