

Membership Application 2024
Akron/Newstead Senior Citizens Inc.

NAME _____ **Birthday** _____

Partner/Spouse _____ **Birthday** _____

Street _____ **Town** _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Would you prefer to have the newsletter _____ **mailed** _____ **emailed?**

Do you reside in the Town of Newstead and/or pay Newstead property taxes? Yes ___ **No** ___

Please note all nonresidents of the Town of Newstead are required to pay own travel expenses on any Town (taxpayer) subsidized trips.

To join return this form and your donation of \$10 per person to:

Akron/Newstead Sr. Ctr., 5691 Cummings Rd., Akron, New York 14001.

Phone:542-6645.

Date: _____ Amt. Paid. _____
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