Membership Application 2025

Akron/Newstead Senior Citizens Inc.

NAME		Birthday			
Partner/Spous	e	Birthday			
Street	Tow	/n	State	Zip	
Phone	Email_				
Would you p	refer to have the newsletter $_$	mailed_	em	ailed?	
Do you reside i	in the Town of Newstead and/or p	ay Newstead pro	perty taxes	s? YesNo	
	nonresidents of the Town of Newst axpayer) subsidized trips.	ead are required	to pay own	travel expenses	
Го join return t	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				
Membership Application 2025					
Akron/Newstead Senior Citizens Inc.					
NAME		Birthday			
Partner/					
Spouse			_Birthday		
Street	То	wn	State	Zip	
Phone	Emai	I			
Would you	prefer to have the newsletter	mailed	er	mailed?	
Do you reside in the Town of Newstead and/or pay Newstead property taxes? YesNo					
	ll nonresidents of the Town of News (taxpayer) subsidized trips.	stead are require	d to pay ow	n travel expenses	
Al	To join return this form and your kron/Newstead Sr. Ctr., 5691 Cumr Phone:54	mings Rd., Akron			

_____ Amt. Paid._

Date: ___