

Membership Application 2025
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. _____
--

Membership Application 2025
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. _____
--