Membership Application 2026

Akron/Newstead Senior Citizens Inc.

NAME		Birthday		
		Birthday		
Street	Town	State2	<u> </u>	
Phone	Email			
Would you prefer to have the r	newslettermai	ledemai	led?	
Do you reside in the Town of Newst	tead and/or pay Newstea	nd property taxes?	YesNo	
Please note all nonresidents of the T on any Town (taxpayer) subsidized ti		uired to pay own tr	avel expenses	
To join return this form and your do	onation of \$10 per persor	n to:		
Akron/Newstead Sr. Ctr	., 5691 Cummings Rd., Al Phone:542-6645.	kron, New York 140	001.	
Date: Amt. Paid	k]		
Mer	mbership Application	2026		
Akron/Ne	ewstead Senior Ci	tizens Inc.		
NAME	Birthday			
Partner/				
Spouse		Birthday		
Street	Town	State	_Zip	
Phone	Email			
Would you prefer to have the	newsletterma	ailedema	ailed?	
Do you reside in the Town of New	stead and/or pay Newste	ead property taxes	? YesNo	
Please note all nonresidents of the on any Town (taxpayer) subsidized	_	equired to pay own	travel expenses	
_	orm and your donation of tr., 5691 Cummings Rd., A Phone:542-6645.			

_____ Amt. Paid._

Date: ___