



Membership Application 2027
Akron/Newstead Senior Citizens Inc.
\$15.00/calendar year

Name _____ Birthday _____
Partner/Spouse _____ Birthday _____
Street _____ Town _____ State _____ Zip _____
Phone _____ Email _____

How would you prefer to receive your newsletter?

_____mailed_____emailed

Do you reside in the Town of Newstead and/or pay Newstead property taxes?*

Yes___No___

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

To join return this form and membership fee to:

Akron/Newstead Sr. Ctr., 5691 Cummings Rd. Akron, New York 14001. Phone: 542-6645.

STAFF USE ONLY:

Date: _____ Amount Paid _____ Staff Initial _____



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