

**Middletown Area Senior Center  
2010 Membership Advantage Program**

Please complete the following form when applying for membership.

Date \_\_\_\_\_ Renewal \_\_\_\_\_ New \_\_\_\_\_

Level of Membership: Basic \$ \_\_\_\_\_ Dining Club \$ \_\_\_\_\_ Gold Club \$ \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Payment by: CASH \_\_\_\_\_ CHECK# \_\_\_\_\_ CHARGE CARD: MasterCard \_\_\_\_\_  
Visa \_\_\_\_\_

Receipt # \_\_\_\_\_ Mail Receipt: Yes No Discover \_\_\_\_\_

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**Complete Information for Charge Card Payment:**  
**(This information will be shredded after membership has been processed.)**

Name on Credit Card (Please Print) \_\_\_\_\_

Card Holder Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

16-digit Credit Card Number: \_\_\_\_\_

Credit Card Expiration Date: (Mo/Yr) \_\_\_\_/\_\_\_\_

**Credit Card Holder Signature:** \_\_\_\_\_

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