

MEMBERSHIP APPLICATION

AMOUNT PAID \$ _____

STAFF INITIALS _____

Payment Method _____



Canyon Lake Senior Center

2900 Canyon Lake Dr. Rapid City, SD 57702

Tel (605) 721-8710 Fax (605) 721-8712

First Name	
Last Name	
Date of Birth	
Phone	
E-Mail	
Address	
City	
State	
Zip Code	
Gender	
Joined Date	
Allergy/Med Alerts	
Ethnic Status	
EMERGENCY CONTACT: NAME	
Phone #	Relationship:

Signature

A Place to Stay Young