

SILVERDALE SENIOR CENTER

Online New Member Application

Please Print:

Name: _____

Mailing Address: _____

City, State, & ZIP: _____

Phone #: _____

Your Email: _____

Your Birthday (Mo. & Day): _____

Signature: _____

Dues paid: \$_____ Date: _____

Cash_____ Check_____

Bring completed form to one of our get-togethers or mail to:

Randy Ritter
Silverdale Senior Center
4509 Trillium Ln. NW
Bremerton, WA 98312