

# *Kenosha Senior Center*

## **2024-2025 Member Registration Form**

For July 1, 2024 thru June 30, 2025

2717 67th Street  
Kenosha, WI 53143

**You must be 55 Years old to join  
(or be the spouse of a current member, if you are under age 55)**

**Resident Memberships** are **\$12.00** per year/person  
(for those who live within the Kenosha Unified School District – KUSD boundaries)

**Non-Resident Memberships** are **\$50.00** per year/person  
(for those who live outside the Kenosha Unified School District — KUSD boundaries)

**Grandfathered Memberships** are **\$12.00** per year/person  
(for those who are current members and move outside the KUSD boundaries)

**NEW Memberships** are **Prorated**, based on starting month  
Please call the Senior Center at 262-359-6260 for amount due, before sending your form

KUSD Boundaries: City of Kenosha, Town of Somers and the Village of Pleasant Prairie

**COMPLETE FORM AND RETURN TO CENTER (PLEASE PRINT)**

### Staff Use Only

Membership Date: \_\_\_\_\_

Amount Paid: ☐ Cash  
☐ Check

\_\_\_\_ Member (Renewal)  
\_\_\_\_ New Member  
\_\_\_\_ Non-Resident Member (Renewal)  
\_\_\_\_ Non-Resident New Member

Barcode #1 \_\_\_\_\_

Barcode #2 \_\_\_\_\_

### **MEMBER #1**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

**BIRTHDATE (required)** \_\_\_\_\_ ☐ Male ☐ Female

Email Address: \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Ethnicity: ☐ American Indian ☐ Asian ☐ African American ☐ Caucasian ☐ Hispanic ☐ Other: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ My Hospital Preference \_\_\_\_\_

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### **MEMBER #2**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

**BIRTHDATE (required)** \_\_\_\_\_ ☐ Male ☐ Female

Email Address: \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Ethnicity: ☐ American Indian ☐ Asian ☐ African American ☐ Caucasian ☐ Hispanic ☐ Other: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ My Hospital Preference \_\_\_\_\_

**Questions? Please Call the Kenosha Senior Center at 262-359-6260**

**Visit our Website: [www.kusd.edu/seniorcenter](http://www.kusd.edu/seniorcenter) or Facebook: [www.facebook.com/kenoshasenior](http://www.facebook.com/kenoshasenior)**