| Checks<br>will be Kenosba Senior Center  | 2717 67th Street<br>Kenosha, WI 53143 |
|--|---------------------------------------|
| deposited<br>after July 2025-2026 Member Registration Form   | Staff Use Only                        |
| 1st 2025 For July 1, 2025 thru June 30, 2026   | Membership Date:                      |
| You must be 55 Years old to join<br>(or be the spouse of a current member, if you are under age 55)  | Cash                                  |
| <b>Resident Memberships</b> are <b>\$12.00</b> per year/person<br>(for those who live within the Kenosha Unified School District – KUSD boundaries)            | Amount Paid: Check                    |
| Non-Resident Memberships are \$50.00 per year/person<br>(for those who live outside the Kenosha Unified School District — KUSD boundaries)                     | Member (Renewal)<br>New Member        |
| Grandfathered Memberships are \$12.00 per year/person<br>(for those who are current members and move outside the KUSD boundaries)                              | Non-Resident Member (Renewal)         |
| <b>NEW Memberships</b> are <b>Prorated</b> , based on starting month<br>Please call the Senior Center at 262-359-6260 for amount due, before sending your form | Non-Resident New Member Barcode #1    |
| KUSD Boundaries: City of Kenosha, Town of Somers and the Village of Pleasant Prairie   | Barcode #2                            |
| COMPLETE FORM AND RETURN TO CENTER (PLEASE PRINT)  |                                       |
| MEMBER #1  |                                       |
| FIRST NAMELAST NAME  |                                       |
| BIRTHDATE (required)   | Male Female                           |
| Email<br>Address:  |                                       |
| Address Apt. # H   | ome Phone                             |
| City St Zip Cell Phone   |                                       |
| Ethnicity:American IndianAsianAfrican AmericanCaucasia   | nHispanic Other:                      |
| Emergency Contact Name Phone   |                                       |
| Relationship My Hospital Preference  |                                       |
| ← Please Do Not Cut ← Please Do Not Cut – →  |                                       |
| MEMBER #2  |                                       |
| FIRST NAMELAST NAME  |                                       |
| BIRTHDATE (required)   | Male Female                           |
| Email<br>Address:  |                                       |
| Address Apt. # H   | Home Phone                            |
| City St Zip Cell Phone   |                                       |
| Ethnicity:American IndianAsianAfrican AmericanCaucasia   | nHispanic Other:                      |
| Emergency Contact Name Phone   |                                       |
| Relationship My Hospital Preference  |                                       |
| Questions? Please Call the Kenosha Senior Center at 262-359-6260<br>Visit our Website: www.kusd.edu/seniorcenter   |                                       |

All payments will be deposited after July 1, 2025