

THE HUB
Colville Community Senior Center
Individual Membership Application

Date: _____ Valid for One Year from the Effective date

Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Emergency Contact #: _____

E-Mail Address _____ Send Newsletter by E-Mail ☐

Annual Dues ☐ Individual - \$25.00 ☐ Couple - \$45.00

☐ Donation _____ ☐ In Memory of _____ Total _____

THANK YOU FOR YOUR SUPPORT

Please Make Check Payable to CCSC
231 W. Elep Ave. Colville, WA 99114-5104 (509) 675-1479

THE HUB
Colville Community Senior Center
Individual Membership Application

Date: _____ Valid for One Year from the Effective date

Name(s): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Emergency Contact #: _____

E-Mail Address _____ Send Newsletter by E-Mail ☐

Annual Dues ☐ Individual - \$25.00 ☐ Couple - \$45.00

☐ Donation _____ ☐ In Memory of _____ Total _____

THANK YOU FOR YOUR SUPPORT

Please Make Check Payable to CCSC
231 W. Elep Ave. Colville, WA 99114-5104 (509) 675-1479