



United Seniors of Wisconsin Inc.

"Seniors Helping Seniors in their Golden Years"

(Please Type -or- Print Legibly)

NAME:		SPOUSE:	
ADDRESS:			
CITY:		STATE:	ZIP:
HOME #:	() -	CELL #:	() -
WORK #:	() -	EXTENSION #:	
EMAIL:		BIRTHDAY:	

Annual dues are **\$10.00**. Annual membership renewals are due by **January 1**.
Membership includes subscription to our quarterly newsletter publication.

Please send this completed form and check payable to:

UNITED SENIORS OF WISCONSIN
Attn: Membership Dept.
4515 W. Forest Home Avenue
Milwaukee, WI 53219

IF YOU WOULD LIKE TO HELP VOLUNTEER, PLEASE CHECK ANY THAT APPLY!

VOLUNTEER:	<input type="checkbox"/> ANNUAL PICNIC <input type="checkbox"/> BINGO HALL <input type="checkbox"/> COLLATE/ASSEMBLE NEWSLETTER OR OTHER MAILINGS <input type="checkbox"/> HOLIDAY DECORATING <input type="checkbox"/> WELLNESS CENTER <input type="checkbox"/> OTHER (PLEASE SPECIFY):
BOARD MEMBER:	<input type="checkbox"/> I WOULD LIKE TO BE CONSIDERED FOR A BOARD POSITION.
LIST ANY SPECIAL INTERESTS & SKILLS:	
COMMENTS/SUGGESTIONS:	

FOR OFFICE USE ONLY (Please do not write below):

<input type="checkbox"/> ANNUAL MEMBERSHIP DUES (\$10.00)	<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK # _____
ENCLOSED: \$ _____	DATE RECEIVED: _____/_____/_____	