

**“FRIENDS OF SOUTH BRUNSWICK SENIOR CENTER, INC.”
MEMBERSHIP APPLICATION**

Name (Mr./Ms.): _____ Date: _____

Address: _____ Town: _____ Zip: _____

Former or Present Occupation: _____ Age: _____

The “Friends” is a philanthropic, tax exempt, non-profit, charitable corporation of the State of NJ.

No officer, trustee or member is allowed to personally profit from any of the “Friends” activities.

The Articles of Incorporation and By-Laws of the “Friends” will be made available for inspection upon request.

What volunteer activities do you engage in? Church Community Other

Check the proper box or boxes to indicate your interests:

Standing Committees

Other Activities

Membership

Quarterly News Letter

Nominating

Other

Program

Sunshine-Visitations

Public Relations

Telephone

Fund Raising

Typing

Hobbies/Other Interests:

Reg. Member: Age 55, South Brunswick Resident \$3.00/yr.

Associate: No Requirements \$5.00/yr.

I agree to abide by the “Friends” By Laws.

Signature

Home Phone: _____

Emergency Contact: _____

