



WILL COUNTY
SENIORS

2025 MEMBERSHIP FORM

Per Calendar Year
(January 1 – December 31)



Member Information

Name: _____

Phone Number: _____ Date of Birth: _____

Street Address: _____

City, State, Zip Code: _____

Email: _____

Emergency Contact Information

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Membership Options

<p>Mailings Only</p> <p><input type="checkbox"/> \$30 / yr.</p> <p><small>Does not qualify for \$15 discount or membership benefits.</small></p>	<p>Basic</p> <p><input type="checkbox"/> \$13 / mo.</p> <p><input type="checkbox"/> \$130 / yr.</p>	<p>Family</p> <p><input type="checkbox"/> \$26 / mo.</p> <p><input type="checkbox"/> \$260 / yr.</p>	<p>Plus</p> <p><input type="checkbox"/> \$25 / mo.</p> <p><input type="checkbox"/> \$275 / yr.</p> <p><small>Couples Pricing</small></p> <p><input type="checkbox"/> \$50 / mo.</p> <p><input type="checkbox"/> \$550 / yr.</p>	<p>Supporting</p> <p><input type="checkbox"/> \$45 / mo.</p> <p><input type="checkbox"/> \$510 / yr.</p> <p><small>Couples Pricing</small></p> <p><input type="checkbox"/> \$80 / mo.</p> <p><input type="checkbox"/> \$950 / yr.</p>
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Payment Information

(All payment information is kept confidential)

Name on card: _____

Card Number: _____

Expiration Date: _____ Zip Code: _____ Security Code: _____

Signature: _____

Office Use Only

New Member: Y N

ID No: _____

Date: _____

Notes: _____