817 SW Church St.
Dallas, OR 97338
Member Application Form
Member Fee $120.00 (Yearly)
Please Print Legibly

Date: _____ Date of Birth: _____

First Name: _____ M.I.: ___

Last Name: _____ I Prefer to be Called: _____

Address: _____

City: _____ State: ___ Zip Code: _____

New: ___ Renewal: ___ EMail Address: _____

Newsletter: USPS: ___ Email: ___ P.O. Box (If Required): _____

Do You Live Alone: Yes: ___ No: ___ Are You a Veteran: Yes: ___ No: ___

Home Phone: _____ Cell Phone: _____

Please List Any Allergies: _____

EMERGENCY CONTACT INFORMATION (Provide up to TWO contacts)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Computer Skills, and Special Interest

Computer Skills: Beginner: ___ Intermediate: ___ Advanced: ___ Expert: ___

Special Interest: _____

New Member (How did you hear about us): _____

Signature: _____

To be a member of the Dallas Area Seniors (DAS) Center with all the rights and privileges associated with that membership, it is required that the person's age be 60 years or greater.

This section filled out by the Senior Center

2026 ___	2027 ___	2028 ___	2029 ___	2030 ___
F or S	F or S	F or S	F or S	F or S

Print Form

Clear Form

Last Updated: 11/03/2025