

Today's Date: _____

Rainbow Seniors of Western New York Annual Membership

Membership: \$30/year individual \$50/year household \$50/year organization

Amount enclosed: \$ _____ [cash check] [renewal new]

Please fill out form and mail, along with your check, to the following address:

Rainbow Seniors of Western New York
c/o Membership
121 N. Fitzhugh Street
Rochester, New York 14614

Name(s): _____

Street Address: _____

City: _____

County: _____

State: _____

Zip: _____

Home Phone (with Area Code): _____ Cell Phone (with Area Code): _____

Email: _____

Birthday (Year Optional): _____

Do you wish to receive our monthly announcements by email: Yes No

Check here if you consent to have your name, address, phone and/or email listed in our Address Exchange List

How do you identify yourself? Gay Male Lesbian Bisexual Transgender Intersex

What is your age? 21-40 40-50 50-60 60-70 70-80 Over 80

Are you retired? Yes No Not Yet I plan to retire on _____

Are you disabled or home bound? Yes No

Do you need transportation to RSWNY functions? Yes No

How did you find out about us?

Please tell us about your career experience/skills, talents, hobbies, and interests you might contribute to RSWNY activities. We are always in need of volunteers!
