

# *FRIENDS of Chicopee Senior Citizens, Inc. Membership/Renewal Form*

*Please enroll/renew me in FRIENDS of Chicopee Senior Citizens, Inc. as a:*

New Member     Renewal Member

(Include with this your check for \$10/ year.)

Your Name (print): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

*Make all checks payable to: Friends of Chicopee Senior Citizens, Inc.*

**Deposit your check in the new light blue FRIENDS box located near the Garden Level sign-in screen  
OR**

**Mail it to: Friends c/o RiverMills Ctr., 5 W. Main Street, Chicopee, MA 01020**