

Membership Application for Senior University
Georgetown

Please print this application form on your printer, fill out and mail
to

Membership
Senior University Georgetown
P.O. Box 488
Georgetown, Texas 78627

Or fax to 512/863-0541

Please print all information. This form is not e-mailable at this time. Thank you.

Date: _____

Title: ___ Mr. ___ Mrs. ___ Ms. ___ Dr.

Name (print):

Address:

City/State/Zip:

Phone: _____ Email:

I certify that I am at least 50 years of age.

Signature

Please answer the following questions so we can serve you better.

___ I would like to receive communication from Senior University via email
where possible.

or

___ I would prefer not to receive email from Senior University.

___ More than one person in my household is a member of Senior University. .
We would prefer to receive only one mailing in our household

or

___ More than one person in my household is a member of Senior University.
We would prefer to receive one mailing for each member.

Comments:

Mail this form, with your check for \$50 to:
Senior University Georgetown, P.O. Box 488, Georgetown, Texas 78627;
512-868-1982; Fax 512-863-0541