


Northview Senior Citizens

2024-25 Membership Form

Name(s): _____
(Please list your name as you would like it to appear on your nametag.)

Email: _____

Phone: (Home) _____ (Cell) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information

Name	Phone Number	Relationship
1.		
2.		

Do you live in Plainfield Charter Township? YES NO (Circle one)

Do you live in the Northview Public School District? YES NO (Circle one)

For demographic use only.

**Cost is \$24 per person
(\$6 for the remainder of 2024 and \$18 for 2025)**

Make checks payable to: *Northview Public Schools*

**Mail to: Northview Senior Citizens
4365 Hunsberger N.E.
Grand Rapids, MI 49525**

Northview Senior Citizens does not have residency or age requirements.