

# Seba Seniors

Membership / Consent Information

Name: \_\_\_\_\_

Local Address: (e.g. Seba, etc.)

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Phone number: (\_\_\_\_) \_\_\_\_\_  
and/or Cell number: (\_\_\_\_) \_\_\_\_\_

Home Address (if different than local address):

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Home Phone Number: (\_\_\_\_) \_\_\_\_\_

\*\*\*\* Email Address: \_\_\_\_\_

As of July 1, 2014, the Seba Seniors Requires your express consent to use your email address. Please Sign and date this form to give your consent to receive emails from the Seba Seniors. You can opt out at any time.

\*\*\* \_\_\_\_\_ date \_\_\_\_\_

I agree to the sharing of my name, phone number, and email address with fellow members for Seba Seniors use only.

\*\*\* \_\_\_\_\_ date \_\_\_\_\_