

Hill City Senior Citizens  
PO Box 440, Hill City, SD 57745 (605) 574-3211

## Business Member Contact Information

Annual Membership Dues - \$50.00

DATE: \_\_\_\_\_ New Member \_\_\_\_\_ or Renewal \_\_\_\_\_ (check one)

<b>Member Information</b>
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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Business Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt#/Lot# \_\_\_\_\_

Mailing address \_\_\_\_\_ Apt#/Lot# PO Box # \_\_\_\_\_  
(NOT needed if mailing address is the same as street address)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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E-MAIL Address: \_\_\_\_\_

Newsletter: Mail \_\_\_\_\_ Email \_\_\_\_\_ I don't want a newsletter \_\_\_\_\_ (Please check one)

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Date Paid \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_ or Cash (X) \_\_\_\_\_

Date emailed or mailed hard copy of receipt to member \_\_\_\_\_