



APPLICATION \_\_\_\_\_

DATE \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_ \$10.      AFFILIATE \_\_\_\_\_ \$10.  
NON-PROFIT \_\_\_\_\_ \$50.      BUSINESS \_\_\_\_\_ \$100.

NAME: *(Individual or Affiliate)*

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE: *(Org/Bus)*

\_\_\_\_\_  
NON-PROFIT/BUS:

\_\_\_\_\_  
ADDRESS:

\_\_\_\_\_  
MAILING: *(If different from above)*

\_\_\_\_\_  
PHONE: \_\_\_\_\_ *Landline? Y/N*

\_\_\_\_\_  
EMAIL:

\_\_\_\_\_  
ADDITIONAL INFORMATION:

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
**Submit Your Membership Donation:**

**PayPal:** [bcascoinc@gmail.com](mailto:bcascoinc@gmail.com)

**Check:** Baltimore County Association of Senior Citizens Organizations, Inc.

**Mailing:** Post Office Box 262, Randallstown, MD 21133