



Pioneer Community Center

Membership Application

615 5th Street | Oregon City OR 97045

Phone (503) 657-8287

DATE: _____

☐ New Membership

☐ Membership Renewal

Optional Membership Dues:

☐ Single Membership – Individual \$10

☐ Household Membership \$15

- 2 + members at same address

Additional Donation: Your support allows us to continue to offer a variety of events and activities for low or no cost to our community.

☐ \$10

☐ \$20

☐ \$50

☐ \$100

Other Amount _____

Member Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Birthdate: ____/____/____

Emergency Contact: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

For Office Use Only. Do not fill out below.

Amount Received: _____ ☐ Cash ☐ Check (make payable to Pioneer Center) ☐ VISA

Membership Expiration Date: _____

Received by: _____

Computer Entry Completed: _____

Money Deposited: _____