

Streetsboro Senior Sentinel Subscription

Please fill out this form if you would like to receive a newsletter from the center that is published every two months. Please make sure all the information below is accurate in order for you to receive your newsletter by mail.

If you wish to be removed from our mailing list, need to change your name or add a name to your mailing address, please fill out the appropriate portion of this form so our records will be as accurate as possible. Thank you.

Please **PRINT CLEARLY**

Today's Date: _____

Yes, I would like to have my name remain on the mailing list for the Streetsboro Senior Sentinel.

Name: _____

Name: _____ **Circle One:** Remove Name - New Name - Add Name

Current Address: _____
Street Lot #/Apt.

_____ State _____
City Zip

_____ Telephone Number _____
Cell Phone Number

◆ Please fill out this section if your address has changed within the last year from the above address

Name: _____ Today's Date: _____

Former Address: _____
Street Lot #/Apt.

_____ State _____
City Zip

_____ Telephone Number _____
Cell Phone Number

I am away from the area during the following months consistently _____

No, I do not want to be on the mailing list of the Streetsboro Senior Sentinel and wish to have my name removed.

Name: _____ Today's Date: _____

Address: _____
Street Lot #/Apt.

_____ State _____
City Zip

_____ Telephone Number

Signature of person filling out this form: _____