



SENIOR ASSOCIATION

1019 Seventh Street
Coronado, CA 92118
(619) 435-2616



Membership Application

Today's Date: _____

Name(s): _____

Mailing Address: _____

City/State/Zip: _____

Email Address: _____

Check box if you want information sent to your email address

Telephone #: _____

Date of Birth: _____

**Please make checks payable to: Coronado Senior Assn.*