

Please complete information below, detach card and mail this portion only.



Seniors Over Sixty-Five

Club

ACCOUNT # _____

NAME _____ PHONE _____

ADDRESS _____

SOCIAL SECURITY # _____ BIRTH DATE _____

THIRD PARTY NOTIFICATION: (Optional)

Please mail a copy of any shut off notice I may receive to:

Name _____

Address _____ Phone _____

SIGNATURE _____ DATE _____

Form 1 200-1-90F

Membership Card

Seniors Over Sixty-Five



Club

This card entitles you to the following special services:

- WINTER PROTECTION PLAN
- NO PENALTIES FOR LATE PAYMENT
- THIRD PARTY NOTIFICATION
- S.O.S. CREDIT POLICY
- 15% DISCOUNT ON PARTS AND LABOR FOR REPAIRS