



North Ottawa County
Council on Aging

NOCCOA Membership
Grand Haven Senior Activities Center

Name: _____

Address: _____

Phone: _____ E-mail: _____

City/Village/Township: _____

Date of Birth: _____

Spouse's Name: _____ Anniversary Date: _____

Spouses Date of Birth: _____

Member Type

Residing in: Chester Township, Coopersville, Ferrysburg, Grand Haven City,
Grand Haven Township, Polkton Township, Spring Lake Township, or Spring
Lake Village, Wright Townhsip

Basic \$5 _____ Friend \$20 _____ Sponsor \$50 _____ Donor \$100 _____

Residing in: Allendale Township, Crockery Township, Robinson Township, or
Tallmadge Township

Basic \$20 _____ Friend \$50 _____ Sponsor \$75 _____ Donor \$100 _____

Additional Donation: \$ _____

Total Enclosed: \$ _____

Mail to : North Ottawa Council on Aging

422 Fulton

Grand Haven, MI 49417