

EDMONDS SENIOR CENTER MEMBERSHIP FORM

Come for the view and stay for the friendships

June 2017 through December 2017

New Membership? Y N

****Memberships are valid from June 1, 2017 through December 31, 2017 and are not transferable.**

To receive your newsletter and member discounts, please make check payable to Edmonds Senior Center and MAIL TO: PO Box 717, Edmonds, WA, 98020 or bring to the administrative office at 220 Railroad Avenue, Edmonds.

VISIT us and DONATE on the web at: www.edmondssc.org

Half Price
2017 RATES: \$12.50 SINGLE, \$22.50 COUPLE

2017

2017

~~~~~ PLEASE PRINT ~~~~~

|                                                                                                                                                                                                                                     |  |                          |             |  |                              |                         |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|-------------|--|------------------------------|-------------------------|--|--|
| LAST NAME:                                                                                                                                                                                                                          |  |                          | FIRST NAME: |  |                              | M.I.                    |  |  |
| PHONE:<br>(    )                                                                                                                                                                                                                    |  | DATE OF BIRTH:<br>/    / |             |  | SEX: M <u>  </u> F <u>  </u> |                         |  |  |
| LAST NAME:                                                                                                                                                                                                                          |  |                          | FIRST NAME: |  |                              | M.I.                    |  |  |
| PHONE:<br>(    )                                                                                                                                                                                                                    |  | DATE OF BIRTH:<br>/    / |             |  | SEX: M <u>  </u> F <u>  </u> |                         |  |  |
| RENEWING MEMBERS: IF INFORMATION IS THE SAME AS LAST YEAR, PLEASE CHECK THE BOX, SIGN AND DATE <input type="checkbox"/>                                                                                                             |  |                          |             |  |                              |                         |  |  |
| STREET ADDRESS (Include Apt. #):                                                                                                                                                                                                    |  |                          |             |  |                              |                         |  |  |
| CITY:                                                                                                                                                                                                                               |  |                          |             |  |                              | ZIP:                    |  |  |
| ETHNICITY: (Optional) <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic                                                                                                |  |                          |             |  |                              |                         |  |  |
| <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other                                                                                                             |  |                          |             |  |                              |                         |  |  |
| EMAIL ADDRESS:                                                                                                                                                                                                                      |  |                          |             |  |                              |                         |  |  |
| EMERGENCY CONTACT:                                                                                                                                                                                                                  |  |                          |             |  |                              | EMERGENCY PHONE: (    ) |  |  |
| RELATIONSHIP TO EMERGENCY CONTACT:                                                                                                                                                                                                  |  |                          |             |  |                              |                         |  |  |
| <i>I release the Edmonds Senior Center and all of its agents from any liability for any accident, injury or damage of any kind to persons or property that might occur while participating in Edmonds Senior Center activities.</i> |  |                          |             |  |                              |                         |  |  |
| SIGNATURE:                                                                                                                                                                                                                          |  |                          |             |  |                              | DATE:                   |  |  |
| SIGNATURE:                                                                                                                                                                                                                          |  |                          |             |  |                              | DATE:                   |  |  |

Thank you for joining...Your membership dues help provide services and programs to the Edmonds community, seniors and non-seniors. We are 75% self-funded by members, donors and friends.

|                                           |  |                                  |  |                                                                        |             |              |                    |
|-------------------------------------------|--|----------------------------------|--|------------------------------------------------------------------------|-------------|--------------|--------------------|
| <b>FOR OFFICE USE ONLY:</b>               |  |                                  |  | <b>Rcvd Date</b>                                                       | <b>Cash</b> | <b>Check</b> | <b>Credit Card</b> |
| Member: Single <u>  </u> Couple <u>  </u> |  | Dual <u>  </u> Sponsor <u>  </u> |  | <b>Membership and Coupon</b> <input style="width: 50px;" type="text"/> |             |              |                    |
| Admin _____                               |  |                                  |  |                                                                        |             |              |                    |

\* Please fill out each line of the Membership Form. Information is kept confidential but is useful for reporting anonymous statistics to Public Funders. Your cooperation is most appreciated.