

Edmonds Senior Center

Connecting & Enriching Our Community

PO Box 717 • 220 Railroad Ave • Edmonds, Wa 98020 • Phone: 425.774.5555 • www.edmondssc.org

2018 MEMBERSHIP FORM (page 1)

To receive your newsletter and member discounts, **please make checks payable to Edmonds Senior Center.**
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

2018 RATES: \$25 SINGLE \$45 COUPLE				JANUARY 2018 – DECEMBER 2018			
Please fill out each line of the membership form and the member demographic form on the back page. Information is kept confidential. Please print. For more than 2 members, fill out an additional form. Today's Date: _____							
MEMBER 1				MEMBER 2			
Last Name:				Last Name:			
First Name:		M.I.		First Name:		M.I.	
Nickname:				Nickname:			
Date of Birth: Month/Day/Year ____/____/____				Date of Birth: Month/Day/Year ____/____/____			
Email Address:				Email Address:			
Phone (H):		Cell:		Phone (H):		Cell:	
Membership : NEW <input type="checkbox"/> OR RENEWAL <input type="checkbox"/>				Membership : NEW <input type="checkbox"/> OR RENEWAL <input type="checkbox"/>			
If renewal, have you participated in any program/activity at least 1 time in the past 12 months? YES <input type="checkbox"/> NO <input type="checkbox"/>				If renewal, have you participated in any program/activity at least 1 time in the past 12 months? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<i>If renewal AND address or emergency contact is the same as last year, sign and date below</i>							
Emergency Contact Person(s):				Emergency Contact Person(s):			
Emergency Phone:		Relationship to Emergency Contact Person:		Emergency Phone:		Relationship to Emergency Contact Person:	
MEMBER 1 - Signature:				MEMBER 2 - Signature:			
Date:				Date:			
Mailing Address (Include Apt. #) :							
City, State:						Zip:	
<input type="checkbox"/> (Please check) 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.							
EDMONDS SENIOR CENTER – FOR OFFICE USE ONLY							
Date Received: _____ CASH _____ CHECK _____ CREDIT CARD _____							
Member: Single <input type="checkbox"/> Couple <input type="checkbox"/> Dual <input type="checkbox"/> Membership Coupon <input type="checkbox"/>						Administrative: _____	

MEMBERSHIP DEMOGRAPHIC FORM (page 2)

This information is important in seeking and receiving grant funding and for planning programs. The information is confidential. Responses will be grouped for analysis. Thank you for taking a few minutes to complete the voluntary survey.

MEMBER 1	MEMBER 2
<p>1. Are you? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other, Specify: _____</p> <p>2. What are your 2 main reasons for participating? <i>(Check only two)</i></p> <p><input type="checkbox"/> Arts/Crafts/Music <input type="checkbox"/> Meals <input type="checkbox"/> Education/Information <input type="checkbox"/> Travel/Trips <input type="checkbox"/> Health/Wellness <input type="checkbox"/> Social Connections <input type="checkbox"/> Volunteer Opportunities <input type="checkbox"/> Other Activities, please specify: _____</p> <p>3. Are you Hispanic, or Latino/a, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. What is your race? <i>(Check all that apply)</i></p> <p><input type="checkbox"/> White/Caucasian <input type="checkbox"/> African American or Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Native American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other, please specify: _____</p> <p>5. What is your highest level of education? <i>(Check only one)</i></p> <p><input type="checkbox"/> Less than high school <input type="checkbox"/> High school grad/GED <input type="checkbox"/> Some college/technical training <input type="checkbox"/> 4 year college graduate <input type="checkbox"/> Postgraduate work/degree</p> <p>6. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you the spouse of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>1. Are you? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other, Specify: _____</p> <p>2. What are your 2 main reasons for participating? <i>(Check only two)</i></p> <p><input type="checkbox"/> Arts/Crafts/Music <input type="checkbox"/> Meals <input type="checkbox"/> Education/Information <input type="checkbox"/> Travel/Trips <input type="checkbox"/> Health/Wellness <input type="checkbox"/> Social Connections <input type="checkbox"/> Volunteer Opportunities <input type="checkbox"/> Other Activities, please specify: _____</p> <p>3. Are you Hispanic, or Latino/a, or Spanish origin? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. What is your race? <i>(Check all that apply)</i></p> <p><input type="checkbox"/> White/Caucasian <input type="checkbox"/> African American or Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Native American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other, please specify: _____</p> <p>5. What is your highest level of education? <i>(Check only one)</i></p> <p><input type="checkbox"/> Less than high school <input type="checkbox"/> High school grad/GED <input type="checkbox"/> Some college/technical training <input type="checkbox"/> 4 year college graduate <input type="checkbox"/> Postgraduate work/degree</p> <p>6. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7. Are you the spouse of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
HOUSEHOLD AT ADDRESS ON PREVIOUS PAGE	
<p>8. Currently, how many people are living in your household and have been there for more than 2 months? Include yourself. _____</p>	
<p>9. How many children less than 18 years old live in your household? _____ <i>(if none, enter zero)</i></p>	
<p>10. During past 12 months, what was your approximate <u>total household</u> income from all sources? <i>(Check one)</i></p> <p><input type="checkbox"/> Less than \$20,000 <input type="checkbox"/> \$25,000 - \$34,999 <input type="checkbox"/> \$45,000 - \$54,999 <input type="checkbox"/> \$75,000+ <input type="checkbox"/> \$20,000 - \$24,999 <input type="checkbox"/> \$35,000 - \$44,999 <input type="checkbox"/> \$55,000 - \$74,999</p>	