



NEW MEMBER:
RENEWING MEMBER:

WELCOME TO MEMBERSHIP AT THE SENIOR CENTER OF WEST SEATTLE!

Please print clearly in black ink.

Today's date: _____

Name: _____
(Last Name) (First Name) Middle Initial)

Birthday: ____/____/____

Membership Type:

_____ \$50 Single Annual Membership

_____ \$75 Household Membership

_____ \$500 Lifetime Membership

_____ \$750 Lifetime Household Membership

Address: _____
(Street) (Apt/Unit #)

(City) (State) (Zip)

Home phone: _____ Mobile phone: _____

Please check above which phone number is best to reach you.

Email address: _____

I prefer to receive communication by: email print/mail

Check this box if you do not want to receive any email communication from the Senior Center:

Emergency contact:

Name: _____ Phone number: _____

How did you hear about us? _____

We use photos of our members and volunteers in marketing materials and on our website to showcase programs and events at the Senior Center. Check this box to opt OUT of being photographed:

To be filled out by the Senior Center:

Payment Type: Cash ____ Check ____ Credit card ____ Online ____

Total Payment Amount: \$ _____ Scholarship Amount: \$ _____

Received by _____ In-Person ____ Mail ____ Phone ____ Online ____