



Stillaguamish Senior Center
 18308 Smokey Point Blvd
 Arlington, WA. 98223
 360-653-4551

Member/ Participant Form

A separate form is needed for each individual.

PLEASE PRINT

I want to be a:

- MEMBER (\$30 Annual Fee).....Please circle one: **NEW** **RENEWAL**
- Sponsor of a Senior (\$30 Annual Fee) Your Name: _____
- Guest Please fill out sponsored member info, below.

Last Name:	First Name:	MI:
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Street Address (Include Apt. #/Space#):

City:	State:	Zip:
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Phone #:	Email address:
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The following demographic information allows us to demonstrate service and receive funding. The information you provide will be kept secure and personal details will not be shared:

Sex: (Circle one) Male Female	Date of Birth:
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Ethnicity: <input type="checkbox"/> White/ Caucasian	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> American Indian/ Native AK
<input type="checkbox"/> Hispanic	<input type="checkbox"/> African American	<input type="checkbox"/> Ethnicity Unknown/ Other

Household Monthly Income Range: <input type="checkbox"/> \$0-816 <input type="checkbox"/> \$817-\$1,099 <input type="checkbox"/> \$1,100-\$1,375 <input type="checkbox"/> More than \$1,376	Number of people in household:
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Emergency Contact:

Name: _____ **Relation:** _____ **Phone:** _____

Doctor:

Name: _____ **Phone:** _____

Are you interested in Volunteering? YES NO

Newsletter: Mailed E-Mailed Will pick up at center– Do Not Mail

I release the Stillaguamish Senior Center (SSC) 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 activities at the Center (SSC). I also give permission to print any photos taken during programs and activities at the Stillaguamish Senior Center (SSC).

SIGNATURE: _____ **DATE:** _____

FOR CENTER USE ONLY: Date Received: _____	MEMBERSHIP #
PAID: CASH / CHECK _____ / CC Membership Card Mailed: _____	