



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

2024 form

A separate form is needed for each individual.

PLEASE PRINT

Check one:

Member **(\$40 Annual Fee)** Couple **(\$65 Annual Fee)** Guest

Last Name: _____ **First Name:** _____ **MI:** _____

Street Address: _____ **Apt# :** _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **Email address:** _____

****The following demographic information is important for our organization to apply for grants and other sources of funding as it demonstrates the programs and services we provide within our community and is kept confidential.****

Sex: (Circle one) Male Female **Date of Birth:** _____

Ethnicity: White/ Caucasian Asian/Pacific Islander American Indian/ Native AK
 Hispanic African American Ethnicity Unknown/ Other

Household Monthly Income Range: **Number of people in household:**
 \$0 - \$2,300 \$2,301 - \$3,800 \$3,801 - \$6,000 More than \$6,000

Emergency Contact:
Name _____ **Phone** _____ **Relationship** _____

Are you interested in Volunteering? YES NO

I release the Stilly Valley Center (SVC) 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 (SVC). I also give permission to print any photos taken during programs and activities at the Stilly Valley Center (SVC). I agree to abide by the policies and procedures of the organization while on the premises.

SIGNATURE: _____ **DATE:** _____

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

All membership sales are non-transferable and final upon completion.