

Northshore Senior Center Membership

(annual membership is for twelve months)

Mail membership registration and check to Northshore Senior Center
at 10201 E. Riverside Drive, Bothell, WA 98011, drop it off at any of our branches
OR sign up online using a credit card at www.northshoreseniorcenter.org



New Member? YES__ NO__

If Renewal, NEW Address? YES__ NO__

NOTE: If COUPLE MEMBERSHIP, only ONE newsletter will be mailed out. It will go to the PRIMARY MEMBER address.

PRIMARY MEMBER information (Please PRINT and fill in ALL information; **=REQUIRED)

****FIRST Name** _____ ****LAST Name** _____ Client # _____
Middle Initial _____ Nickname _____ Male__ Female__ Other__

****Mailing Address** _____ ****County:** King ____ Snohomish ____

****City** _____ ****State** _____ ****Zip** _____ Unincorporated King ____

****Phone (H)** (____) _____ **Cell Phone** (____) _____ **Email** _____

Preferred Phone: Home__ Cell ____ Do you want to receive periodic email updates from us? Y / N

PRIMARY MEMBER'S Emergency Contact Information *May we send non-emergency information to these contacts? Y / N*

****Emergency Contact's Name** _____ ****Relationship** _____

****Emergency Contact's Phone (h)** _____ **Phone (w)** _____ **Email:** _____

ADDITIONAL MEMBER information for COUPLE membership (**=REQUIRED)

****Relationship to Primary Member:** Spouse-Partner__ Family Member __ Friend__

****FIRST Name** _____ ****LAST Name** _____ Client # _____
Middle Initial _____ Nickname _____ Male__ Female__ Other__

****Mailing Address** _____ ****County:** King ____ Snohomish ____

****City** _____ ****State** _____ ****Zip** _____ Unincorporated King ____

****Phone (H)** (____) _____ **Cell Phone** (____) _____ **Email** _____

Preferred Phone: Home__ Cell ____

ADDITIONAL MEMBER'S Emergency Contact Information *May we send non-emergency information to these contacts? Y/N*

****Emergency Contact's Name** _____ ****Relationship** _____

****Emergency Contact's Phone (h)** _____ **Phone (w)** _____ **Email:** _____

PLEASE CONTINUE TO NEXT PAGE (Be sure to sign on next page)

MEMBERSHIP FORM (Page 2)

Yearly Household Income <input type="checkbox"/> \$20,200 or less <input type="checkbox"/> \$20,201 to \$33,600	<u>One Person Household</u> <input type="checkbox"/> \$33,601 to \$50,400 <input type="checkbox"/> \$50,401 or more	<u>Two Person Household</u> <input type="checkbox"/> \$23,050 or less <input type="checkbox"/> \$23,051 to \$38,400 <input type="checkbox"/> \$38,401 to \$57,600 <input type="checkbox"/> \$57,601 or more
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This information is required with the previous year's tax return if you are applying for a scholarship.
 This and the following information is also needed for some of our funders; it will not be shared and will be kept confidential.

ABOUT PRIMARY MEMBER	ABOUT ADDITIONAL MEMBER of COUPLE MEMBERSHIP
**Birth Month: _____ **Birth Year: _____	**Birth Month: _____ **Birth Year: _____
Veteran: Yes ___ No ___ Spouse of Veteran: Yes ___ No ___	Veteran Yes ___ No ___ Spouse of Veteran: Yes ___ No ___
Hispanic or Latino ___ Not Hispanic ___	Hispanic or Latino ___ Not Hispanic ___
American Indian or Alaska Native ___ Asian ___ Black or African American ___ White ___ Hawaiian Native/Pacific Islander ___ Multiracial ___	American Indian or Alaska Native ___ Asian ___ Black or African American ___ White ___ Hawaiian Native/Pacific Islander ___ Multiracial ___
Are you a Current NSC volunteer? Yes ___ No ___ If no, are you interested in volunteering? Yes ___ No ___	Are you a Current NSC volunteer? Yes ___ No ___ If no, are you interested in volunteering? Yes ___ No ___

Center(s) Attending Bothell ___ Mill Creek ___ Kenmore ___
 Adult Day Center ___ Wrangler ___ Health & Wellness ___

Membership: Annual Individual \$35 ___ Annual Couple \$60 ___
 Individual Lifetime \$500 ___ Couple Lifetime \$750 ___ Membership amount: \$ ___
 Membership Scholarship requested for this amount (*only available on annual memberships*): \$ ___
 I (We) wish to make an additional donation to support Northshore Senior Center \$ ___
TOTAL AMOUNT DUE – enclosed is a check/cash for \$ ___

If you are mailing this form and wish to pay by CREDIT CARD, please check (✓) this box and our Accounting Staff will call you to get your credit card information.

******* IMPORTANT -- PLEASE SIGN HERE *******

PRIMARY MEMBER Signature _____ Date _____ <input type="checkbox"/> Yes, I hereby authorize any pictures taken of me while I am participating in Senior Center activities to be used in Northshore Senior Center publications. (The staff will make every effort to notify you prior to using your photograph) <input type="checkbox"/> Yes, I release Northshore Senior Center and all of its agents from any liability for any accident, injury or damages of any kind to persons or property that might occur while participating in Northshore Senior Center activities	ADDITIONAL MEMBER of COUPLE MEMBERSHIP Signature _____ Date _____ <input type="checkbox"/> Yes, I hereby authorize any pictures taken of me while I am participating in Senior Center activities to be used in Northshore Senior Center publications. (The staff will make every effort to notify you prior to using your photograph) <input type="checkbox"/> Yes, I release Northshore Senior Center and all of its agents from any liability for any accident, injury or damages of any kind to persons or property that might occur while participating in Northshore Senior Center activities
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Admin Use Only	
Membership Category: Annual Individual ___ Annual Couple ___ Lifetime Individual ___ Lifetime Couple ___	Membership amount \$ _____
Meets Scholarship criteria? YES ___ NO ___	Membership Scholarship Amount \$ _____
Printed Staff name: _____ Staff initials ___ Date _____	Additional Donation Amount \$ _____
(Must have approval by staff member in charge of Scholarship BEFORE membership card is given out)	TOTAL AMOUNT Received \$ _____
Cashier Initials _____ Date _____	Receipt # _____
Payment Type: Cash ___ Check ___ Credit Card ___ Other _____	
Membership card expires last day of _____ (This Month/Next Year)	