

## 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](http://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)

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# MEMBERSHIP FORM (Page 2)

Yearly Household Income	<u>One Person Household</u>	<u>Two Person Household</u>	
	<input type="checkbox"/> \$20,200 or less <input type="checkbox"/> \$33,601 to \$50,400	<input type="checkbox"/> \$23,050 or less <input type="checkbox"/> \$38,401 to \$57,600	
	<input type="checkbox"/> \$20,201 to \$33,600 <input type="checkbox"/> \$50,401 or more	<input type="checkbox"/> \$23,051 to \$38,400 <input type="checkbox"/> \$57,601 or more	

**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 ___    Unknown ___	Hispanic or Latino ___    Not Hispanic ___    Unknown ___
American Indian or Alaska Native ___    Unknown ___	American Indian or Alaska Native ___    Unknown ___
Black or African American ___    White ___    Asian ___	Black or African American ___    White ___    Asian ___
Hawaiian Native/Pacific Islander ___    Multiracial ___	Hawaiian Native/Pacific Islander ___    Multiracial ___
Are you a Current NSC volunteer?    Yes ___ No ___	Are you a Current NSC volunteer?    Yes ___ No ___
If no, are you interested in volunteering?    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	ADDITIONAL MEMBER of COUPLE MEMBERSHIP
Signature _____ Date _____	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 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	<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

**Admin Use Only**

Membership Category:    Annual Individual \_\_\_    Annual Couple \_\_\_    Membership amount \$ \_\_\_

Lifetime Individual \_\_\_    Lifetime Couple \_\_\_

Meets Scholarship criteria? YES \_\_\_ NO \_\_\_    Membership Scholarship Amount \$ \_\_\_

Printed Staff name: \_\_\_\_\_ Staff initials \_\_\_    Date \_\_\_\_\_

**(Must have approval by staff member in charge of Scholarship BEFORE membership card is given out)**

Additional Donation Amount \$ \_\_\_

**TOTAL AMOUNT Received \$ \_\_\_**

Cashier Initials \_\_\_\_\_    Date \_\_\_\_\_    Receipt # \_\_\_\_\_

Payment Type:    Cash \_\_\_    Check \_\_\_  
Credit Card \_\_\_    Other \_\_\_\_\_

Membership card expires last day of \_\_\_\_\_ (This Month/Next Year)