

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)

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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 ___ Black or African American ___ White ___ Asian ___ Hawaiian Native/Pacific Islander ___ Multiracial ___	American Indian or Alaska Native ___ Unknown ___ Black or African American ___ White ___ Asian ___ 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	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)