

Northshore Senior Center Membership

(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__ Transgender__

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

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

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

Preferred Phone: Home__ Cell__ How did you hear about Northshore Senior Center? _____

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: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

****2nd Emergency Contact's Name** _____ ****Relationship** _____

****2nd Emergency Contact's Phone (h)** _____ Phone (w) _____ Email: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

PRIMARY MEMBER'S Doctor's Name _____ Doctor's Phone _____

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__ Transgender__

****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: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

****2nd Emergency Contact's Name** _____ ****Relationship** _____

****2nd Emergency Contact's Phone (h)** _____ Phone (w) _____ Email: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

ADDITIONAL MEMBER'S Doctor's Name _____ Doctor's Phone _____

MEMBERSHIP FORM (Page 2)

	<u>One Person Household</u>	<u>Two Person Household</u>
Yearly Household Income	<input type="checkbox"/> \$18,200 or less <input type="checkbox"/> \$30,351 to \$45,100	<input type="checkbox"/> \$20,800 or less <input type="checkbox"/> \$34,701 to \$51,550
	<input type="checkbox"/> \$18,201 to \$30,350 <input type="checkbox"/> \$45,101 or more	<input type="checkbox"/> \$20,801 to \$34,700 <input type="checkbox"/> \$51,551 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__
American Indian/Alaska Native _____ Asian _____	American Indian/Alaska Native _____ Asian _____
African American _____ Caucasian/White _____	African American _____ Caucasian/White _____
Hawaiian Native/Pacific Islander _____ Latino/Hispanic _____	Hawaiian Native/Pacific Islander _____ Latino/Hispanic _____
Multiracial _____ Other _____	Multiracial _____ Other _____
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 _____

Select Membership Category: Individual \$35 _____ Couple \$60 _____ Membership amount: \$ _____

Membership Scholarship needed for this amount: \$ _____

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 the 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	
<u>Membership Category</u> : Individual _____ Couple _____	Membership amount \$ _____
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 # _____	<u>Payment Type</u> : Cash__ Check__
			Credit Card__ Other _____
Membership card expires last day of _____			(This Month/Next Year)

PLEASE BE SURE YOU FILLED OUT THE PREVIOUS PAGE AND SIGNED ABOVE