**2017 MSSC MEMBERSHIP APPLICATION**

**Mt. Si Senior Center ⚫ 411 Main Ave S / PO Box 806, North Bend WA 98065**

**425-888-3434 ⚫ mtsiseniorcenter.org ⚫ Like Mt. Si Senior Center on Facebook**



**Please activate or renew my MSSC membership**

**Membership (Year runs 2/1/17 – 1/31/18) \***

One year individual membership $25

One year couple membership $40  
(Includes Spouse or Domestic Partner)

Subtotal: $\_\_\_\_\_\_\_

\* 2017 Membership dues paid prior to 2/1/17 will confer membership for the entire period through 1/30/18.

**Donation to the Mt. Si Senior Center**

In addition to my membership, I would like to support the Center’s mission with a donation of:

$100  $75  $50  $25

Subtotal: $\_\_\_\_\_\_\_

I have remembered the Center in my will or trust

**Payment Information**

Total Amount Enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_

**I understand there are no refunds \_\_\_\_\_\_ (please initial)**

To Be Paid By:  Cash  Check  Credit Card

If making credit card payment, please be prepared to provide:

* Cardholder Name
* Card #
* Expiration Date
* V-Code (3 digit code on back of card)   
  (4 digits on front of card if using AMEX)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office use only (please print clearly):

Received On: \_\_\_\_\_\_\_\_ Received By: \_\_\_\_\_\_\_\_\_\_\_

Amount Paid: \_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this is a membership ***renewal***, check here:

**All new and renewing members must complete a membership application and client information form.**

**Member Information (Please Print)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Check one: Mr. Mrs. Ms. Dr. Rev.

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit or Apt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(If different)

City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:  Male  Female

**For Couple Memberships**

Spouse/Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Check one: Mr. Mrs. Ms. Dr. Rev.

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:  Male  Female

**Emergency Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_