**2018 MSSC MEMBERSHIP APPLICATION**

**Mt. Si Senior Center ⚫ 411 Main Ave S / PO Box 806, North Bend WA 98045**

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



**Please activate or renew my MSSC membership**

**Membership (Year runs 2/1/18 – 1/31/19) \***

[ ]  One year individual membership $25
[ ]  One year couple membership $40
(Includes Spouse or Domestic Partner)

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

\* 2018 Membership dues paid prior to 2/1/18 will confer membership for the entire period through 1/30/19.

**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
For credit card payments, please 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Want to Stay Informed?**

Would you like to receive information about the center on activities and programs via email?

 Emails? [ ]  Yes [ ]  No

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_