



2019 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 2/1/19 – 1/31/20) *

- One year** individual membership \$25
- One year** couple membership \$40
(Includes Spouse or Domestic Partner)

Subtotal: \$ _____

* 2019 Membership dues paid prior to 2/1/19 will confer membership for the entire period through 1/30/20.

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: _____