**2022 MSSC ANNUAL 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**



**Received 2022 Membership Card  
Please activate or renew my annual MSSC membership**

**Annual Membership (Year runs 2/1/22 – 1/31/23) \***

**One year** individual membership $30  
 **One year** couple membership $50  
(Includes Spouse or Domestic Partner)

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

\* 2022 Membership dues paid prior to 2/1/22 will confer membership for the entire period through 1/30/23.

**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   
Credit Card payments accepted in person, by mail, or online.  
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 #: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership for 50+.**

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

**Member Information (Please Print)**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Unit or Apt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(If different)  
City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male  Female  Other  Prefer Not to Say

**For Couple Memberships**Spouse/Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male  Female  Other  Prefer Not to Say

**Emergency Contact Information**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**How did you hear about Membership?** Letter  Visit to Center  Friend  
Would you like to volunteer at MSSC?  Yes  No