

CENTRAL AREA SENIOR CENTER

Membership Form

CHECK ONE: New Membership Renewal or Payment Address Update
Date: _____ Send application with payment to: CASC, 500 30th Ave S, Seattle, WA 98144

MEMBERSHIP INFORMATION

Please fill out all of the following information. It is kept confidential. Thanks!

Last Name: _____ First Name: _____

Date of Birth: ____/____/____ Gender: _____

Street Address: _____ Apt #: _____ City: _____

State: _____ Zip: _____ Phone (____) _____ E-mail: _____

Race: _____ Total # of people in your household: _____

Are you a Veteran? ___ Yes ___ No Are you an immigrant or refugee? ___ Yes ___ No

Do you have a disability? ___ Yes ___ No Are you limited or non-English speaking? ___ Yes ___ No

EMERGENCY CONTACT

Emergency Contact: _____ Phone: _____ Relationship: _____

Doctor's Name: _____ Phone: _____

I release the Central Area Senior Center from any liability for any accident, injury, or damages of any kind to persons or property that might occur while participating in CASC activities.

SIGNATURE: _____

PLEASE FILL OUT THE FOLLOWING:

MEMBERSHIP LEVEL:

- Annual Membership (\$60) _____ Full payment _____ Partial payment
 Lifetime Membership (\$500) _____ Full payment _____ Partial payment

Payment Type: Call CASC at 206-726-4926 to pay by Debit/Credit Card or Pay-in-Person.

Cash, Amount: _____ Check, Amount: _____ Debit/Credit Card, Amount: _____