

CENTRAL AREA SENIOR CENTER

Membership Form

CHECK ONE:

New Membership

Renewal or Payment

Address Update

Today's Date: _____

MEMBERSHIP INFORMATION

Please fill out all of the following- information is kept confidential:

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:

Cash, amount: _____

Check, amount: _____ (Make checks out to 'Central Area Senior Center')

Credit Card, amount: _____

Please return your completed application & payment to:

Central Area Senior Center, 500 30th Ave S, Seattle, WA 98144

FOR CASH OR DEBIT/CREDIT CARD PAYMENTS: Please call 206-726-4926 or pay in-person.