



506 Fourth Street  
Snohomish, WA 98291  
360-568-0934

**Membership Registration**

\$40 Annual Dues per Person

\$100 Annual Dues per Business

Checks payable to: Snohomish Seniors

**PLEASE PRINT CLEARLY**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (#1): \_\_\_\_\_ Phone (#2): \_\_\_\_\_

Email: \_\_\_\_\_

Would you like the monthly newsletter via **Email** or **US Mail**? (Please circle)

How did you hear about the Snohomish Senior Center? (Please circle): Facebook Tribune Event  
Website Flyer Member (Name) \_\_\_\_\_ Other \_\_\_\_\_

**Emergency Contacts/Medical Information**

#1 Emergency Contact (Name): \_\_\_\_\_ (Relationship): \_\_\_\_\_

Phone (#1): \_\_\_\_\_ Phone (#2): \_\_\_\_\_

#2 Emergency Contact (Name): \_\_\_\_\_ (Relationship): \_\_\_\_\_

Phone (#1): \_\_\_\_\_ Phone (#2): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Medical Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergy Concerns: \_\_\_\_\_

Are there any medical conditions or physical limitations that SSC should be aware of?

\_\_\_\_\_

Are you a Veteran? Yes/ No      Branch of Service: \_\_\_\_\_

Any interests or abilities that you would like to share with our membership community?  
\_\_\_\_\_

For Office Use

Admin

**Volunteer Interests** (Please circle):

Kitchen/Lunch    Receptionist    Shuttle Driver    Facility Monitor    Gardening  
Fabulously Frugal/Thrift Store    Special Events    Other? \_\_\_\_\_

For Office Use

Admin

**I would like more information about** (Please circle):

SSC Endowment Program (Legacy)    Scholarship Request (For Members)  
Gift Membership (For Members)    SSC Golden Circle (Life Membership)

For Office Use

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*I release the Snohomish Senior Center and all of its agents from any liability for any accident, injury or damages of any kind to persons or property that might occur while participating in Snohomish Senior Center activities. I grant the Snohomish Senior Center permission for the use of my image in photos or video for promotional materials.*

*In case of a medical emergency, I consent to treatment including First Aid, emergency transport and any procedures deemed necessary by medical personnel to safeguard my health.*

Signature: \_\_\_\_\_      Date: \_\_\_\_\_

SNOHOMISH SENIOR CENTER WILL NOT SHARE OR RELEASE PERSONAL INFORMATION PROVIDED ON THIS FORM.

**For Office Use Only**

Membership: General (50+)     Associate (18-49)     MSC  By: \_\_\_\_\_

Date: \_\_\_\_\_    Receipt #: \_\_\_\_\_    Received by: \_\_\_\_\_    Expiration: \_\_\_\_\_  
Cash/Credit/Check # \_\_\_\_\_

Date: \_\_\_\_\_    Receipt #: \_\_\_\_\_    Received by: \_\_\_\_\_    Expiration: \_\_\_\_\_  
Cash/Credit/Check # \_\_\_\_\_

Date: \_\_\_\_\_    Receipt #: \_\_\_\_\_    Received by: \_\_\_\_\_    Expiration: \_\_\_\_\_  
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Date: \_\_\_\_\_    Receipt #: \_\_\_\_\_    Received by: \_\_\_\_\_    Expiration: \_\_\_\_\_  
Cash/Credit/Check # \_\_\_\_\_