Mountlake Terrace Community Senior Center

# **Membership Form ($35 Individual, $50 Couples)**

Memberships are valid for one year and are not transferable.

Please mail the following form with your check made payable to MLTCSC.

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

Date of Birth: \_\_\_\_\_\_\_ Gender: Male Female Prefer not to disclose Other \_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently an MLTCSC Volunteer? Yes \_\_\_ No \_\_\_

If No, are you interested in volunteering? Yes \_\_\_ No \_\_\_

How did you hear about MLTCSC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Additional Donation\* I am enclosing an additional donation of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_

*I release the Mountlake Terrace Community Senior Center and all its agents from any liability for any accident, injury or damages of any kind to persons or property that might occur while participating in Mountlake Terrace Community Seniors Center activities, events or programming.*

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

For Office Use Only:

Amount Paid: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Cashier Initials: \_\_\_\_\_ Member Number: \_\_\_\_\_\_\_\_

 Card Issued: Yes / No Enter in System: Yes / No Date Entered: \_\_\_\_\_\_\_\_\_\_