

Chelan Senior Center

NEW Membership Application Form

Complete this form and return to: Chelan Senior Center, 534 E. Trow Ave – Chelan, WA 98816 Phone: (509) 682-2712

(Please use this form ONLY for new memberships; to correct information, please call or email us)

Name: _____ DOB ____ - ____ - ____

Spouse Name: _____ DOB ____ - ____ - ____

(Enter spouse name only if applying as a couple membership)

Address: _____

City: _____ St. _____ Zip _____

Home Phone: () _____ Cell Phone: () _____

Email Address: _____

Annual Membership Dues (For a 12 month period)

\$35.00 for Individual

\$50.00 per Couple
or older

Membership makes a great gift!

IN CASE OF EMERGENCY:

• Emergency Contact Name _____ Relationship _____

Contact Phone # _____ Other Phone # _____

• Name of my Doctor _____ Phone # _____

We are always in need of Volunteers. Would you consider volunteering? Yes No

Please describe your area of expertise or interests that might be helpful to particular volunteer opportunities:

Release of Liability: I agree to the following: The Chelan Senior Center, its officers, directors, agents and employees are not responsible or liable for any injury, loss, illness, litigation, or damage arising from any/all programs. Any photos taken may be used in the CSC newsletter without compensation or liability. All members are subject to the By-laws and the Rules and Regulations of the Chelan Senior Center.

I am enclosing a check for: Individual Membership (\$25.00) Couple Membership (\$40.00)
 Individual Life Membership (\$250.00)

(Please check one of the above memberships)

Signature _____ Date _____ Pd