

# 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)**

\$25.00 for Individual

\$40.00 per Couple

**Lifetime Memberships**  
for individuals, only \$250\*

\*Must be 65 or older

**Membership makes a great gift!**

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### IN CASE OF EMERGENCY:

∞ Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Other Phone # \_\_\_\_\_

∞ Name of my Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

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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: \_\_\_\_\_