



Central Area Senior Center

Membership Form

Please complete all information to the best of your ability. All information is kept confidential

Name: _____ Date of Birth: _____

Address: _____ City: _____ State/Zip: _____

Phone: _____ E-mail: _____ E-mail Opt-In: Yes

Gender: _____ Sexual Orientation: _____ No

Household Size: _____ Reason for membership: _____

Race/Ethnicity:

- American Indian/Alaska Native
- Asian/Asian American
- Black/African American
- Hawaiian Native/Pacific Islander
- Hispanic/Latino
- Multi-Racial
- White
- Other: _____

Other:

- Disabled
- Homeless
- Immigrant/Refugee
- Limited English
- Veteran
- Family of Veteran

Income:

- \$0-\$30,000
- \$30,001-\$60,000
- \$60,001-\$90,000+

Demographic information helps us fund our programs and events by fulfilling reporting requirements for our various grants

Emergency Contact

Name: _____ Phone: _____

Relationship: _____

Doctor's Name: _____ Phone: _____

- Membership Level:**
- Annual Membership (\$60) Full payment Partial payment
 - Lifetime Membership (\$500) Full payment Partial payment
 - New Membership Renewal

- Payment Type & Amount:**
- Cash: _____
 - Check: _____
Make checks payable to Central Area Senior Center
 - Credit Card: _____
For credit or debit cards, please call (206) 726-4926 or pay in-person

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: _____ Date: _____