



LAKE STEVENS SENIOR CENTER

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Lake Stevens, WA 98258

(425) 335-0345

info@LakeStevensSeniorCenter.com

OFFICE USE ONLY

Date: _____ Amt. Paid: _____

Cash Check # _____ By: _____

Membership Number(s):

#1 _____ #2 _____

2019 MEMBERSHIP FORM

Memberships are valid from January 1 to December 31 of each year. Dues are \$20 per person. To become a member (or to renew) please complete this form and return it, together with a check or cash for your dues, to the Center office. Thank you!

MEMBER #1

NAME: _____ Age (check one)
 Over 55
 Under 55

MAIL ADDRESS: _____
Street City/State Zip Code

PHONE(S): _____ EMAIL: _____

DO YOU LIVE: Within the city limits of Lake Stevens?
(Choose One) Outside Lake Stevens city limits but in Snohomish County? Do you want a Membership Card? YES NO
 Outside Snohomish County?

Emergency Contact: _____ Relationship: _____ Phone: _____
(Below this line is optional safety info; fill out at your discretion)

Doctor Name: _____ City: _____ Phone: _____

Medical Conditions: _____

Allergic Reactions To: _____

Daily Medications: _____

MEMBER #2

NAME: _____ Age (check one)
 Over 55
 Under 55

PHONE(S): _____ EMAIL: _____

DO YOU LIVE: Within the city limits of Lake Stevens?
(Choose One) Outside Lake Stevens city limits but in Snohomish County? Do you want a Membership Card? YES NO
 Outside Snohomish County?

Emergency Contact: _____ Relationship: _____ Phone: _____
(Below this line is optional safety info; fill out at your discretion)

Doctor Name: _____ City: _____ Phone: _____

Medical Conditions: _____

Allergic Reactions To: _____

Daily Medications: _____

I agree to abide by the Senior Center Policies and Procedures.

Signature: _____ Date: _____