



# LAKE STEVENS SENIOR CENTER

2302 Soper Hill Road • PO Box 205  
Lake Stevens, WA 98258

**(425) 335-0345**

info@LakeStevensSeniorCenter.com

## OFFICE USE ONLY

Date: \_\_\_\_\_ Amt. Paid: \_\_\_\_\_

Cash  Check # \_\_\_\_\_ By: \_\_\_\_\_

Membership Number( s):

#1 \_\_\_\_\_ #2 \_\_\_\_\_

## 2024 MEMBERSHIP FORM

Memberships are valid from January 1 to December 31 of each year. Dues are \$30 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

Age (check one)

Over 55

Under 55

NAME: \_\_\_\_\_

MAIL ADDRESS: \_\_\_\_\_  
Street City/State Zip Code

PHONE(S): \_\_\_\_\_ EMAIL: \_\_\_\_\_

DO YOU LIVE:  Within the city limits of Lake Stevens?  
(Check One)  Outside Lake Stevens city limits but in Snohomish County?  
 Outside Snohomish County?

Do you want a Membership Card?  YES  NO

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medications or medical conditions that would be helpful if medical attention is necessary while @ LSSC:

### MEMBER #2

Age (check one)

Over 55

Under 55

NAME: \_\_\_\_\_

PHONE(S): \_\_\_\_\_ EMAIL: \_\_\_\_\_

DO YOU LIVE:  Within the city limits of Lake Stevens?  
(Check One)  Outside Lake Stevens city limits but in Snohomish County?  
 Outside Snohomish County?

Do you want a Membership Card?  YES  NO

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any medications or medical conditions that would be helpful if medical attention is necessary while @ LSSC:

By signing this form, I agree to abide by the Senior Center Policies and Procedures. I grant Lake Stevens Senior Center permission for the use of my image in photos or video for promotional materials.

Signature 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature 2: \_\_\_\_\_ Date: \_\_\_\_\_