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 _____

2026 MEMBERSHIP FORM

Memberships are valid from January 1 to December 31 of each year. As of January 1, 2026 membership dues are $40 per person. New and renewing members, please complete this form and return it, together with a check or cash, to the Senior Center office. Thank you!

MEMBER #1

NAME: _____ Birthdate: _____

MAIL ADDRESS: _____
Street City/State Zip Code

PHONE(S): _____ GENDER:_____ EMAIL: _____

Do you want a Membership Card? ❑ **YES** ❑ **NO**

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

Emergency Contact: _____ Relationship: _____ Phone: _____

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

MEMBER #2

NAME: _____ Birthdate: _____

PHONE(S): _____ GENDER:_____ EMAIL: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

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

PLEASE SIGN ON BACK →

Volunteer Interests

❑ Kitchen ❑ Bus/Van Driver ❑ Facility Maintenance ❑ Gardening ❑ Special Events

Other _____

Are you a US Veteran? ❑ Yes ❑ No Branch of Service: _____

Demographic Information

Primary Household Language: _____ Total Household #: _____

Ethnicity *(Please check all that apply)*: ❑ White ❑ Asian ❑ African American/Black ❑ Hispanic/Latin

❑ American Indian/Alaskan Native ❑ Native Hawaiian/Pacific Islander ❑ Other _____

Annual Gross Income *(Please check one)*: ❑ $0-$31,000 ❑ $31,001-$63,000 ❑ $63,001+

LAKE STEVENS SENIOR CENTER WILL NOT SHARE OR RELEASE PERSONAL INFORMATION PROVIDED ON THIS FORM

By signing this form, I agree to abide by the Senior Center Policies and Procedures.

I release the Lake Stevens Senior Center and all of its agents from any liability for any accident, injury or damages of any kind to persons or property that might occur while participating in Lake Stevens Senior Center activities.

I grant the Lake Stevens Senior Center permission for the use of my image in phots or video for promotional materials.

In case of a medical emergency, I consent to treatment including First Aid, emergency transport and any procedures deemed necessary by medical personnel to safeguard my health.

Signature 1: _____ **Date:** _____

Signature 2: _____ **Date:** _____