Sno-Valley Senior Center Membership Form

Members enjoy voting privileges, a free birthday lunch, discounts on classes and trips and more!

Membership Fees

❑ **Single - $60.00*** ❑ **Household - $75.00***

❑ **Lifetime Membership - *$500.00/ $750.00 Household.**

If you are age 55+ you can choose to become a lifetime member and never pay dues again. Your name will be engraved on our "lifetime members" plaque..

Additional Donation Options

❑ **I'd like to make an additional donation**

❑$25 ❑$35 ❑ $50 ❑ $100 ❑ other $ _____

I would like my donation to be a: ❑**General donation** ❑**Scholarship donation**

❑ **I'd like to receive a phone call to learn more about becoming a monthly donor.**

Payment Options

❑ Check enclosed for the total of $ _____

❑ Credit Card – Please call the Senior Center at (425) 333-4152 to securely relay your credit card information or return this form with a request to call you.

You can also purchase membership on-line at https://snovalleysenior.org Memberships are due annually unless you have purchased a lifetime membership. Membership is open to everyone regardless of age.

*If the annual membership fee is a financial hardship for you, apply for a scholarship to cover the cost. We also offer a payment plan. For more details reach out to Center staff or see the front desk for a scholarship application. If you have any questions about membership, call us at 425-333-4152.

Member Information

Member 1: Last Name _____ First Name _____

❑Male ❑Female ❑Other Birth Date _____

Email _____ Phone HM/Cell _____

Mailing Address:

_____

_____

Physical Address:

_____

_____

Are you within city limits? ❑Yes ❑ No

If purchasing a Household membership:

Member 2: Last Name _____ First Name _____

❑Male ❑Female ❑Other Birth Date _____

Email _____ Phone HM/Cell _____

Volunteer Opportunities

We LOVE our volunteers. If you would like to know more about volunteering at the Sno-Valley Senior Center, please email Kendra Mass at Kendram@soundgenerations.org or visit our website at snovalleysenior.org.

(over)

Emergency Contact

Please fill this out. Our members who have needed us to call for help have been so happy that they did, and that we had this information on file.

Contact _____ Phone _____
Doctor _____ Phone _____
Hospital _____ Phone _____

Demographic- Information

Household Size:
❑ 1 ❑ 2
❑ 3 ❑ 4
❑ 5 or more

Race/Ethnicity:
❑ Asian American ❑ White/ Caucasian ❑ Black/ African American
❑ Hawaiian Native/ Pacific Islander ❑ Asian Indian ❑Unknown ❑ other

What relationship, if any, do you have with the US Military?
❑ Veteran/ Active Service Person
❑ Spouse of Veteran/ Active Service Person
❑ Dependent of Veteran/ Active Service Person
❑ No Relationship
❑ Unknown

Immigrant ❑Yes ❑ No

Limited English ❑Yes ❑ No

Income Level based on household size

1 Person Household	2 Person House	3 Person House
○ $18,550 or less	○ $21,200 or less	○ $23,850 or less
○ $18,551-$30,900	○ $21,201-$35,300	○ $23,851-$39,700
○ $30,901-$44,750	○ $35,301-$51,150	○ $39,701-$57,550
○ $44,751 or more	○ $51,151 or more	○ $57,551 or more

4 Person Household	5 Person House	6 Person House
○ $26,450 or less	○ $28,600 or less	○ $30,700 or less
○ $26,451-$44,100	○ $28,601-$47,650	○ $30,701-$51,200
○ $44,101-$63,900	○ $47,651-$69,050	○ $51,201-$74,150
○ $63,901 or more	○ $69,051 or more	○ $74,151 or more

Sexual Orientation:
❑ Bisexual ❑ Gay ❑ Heterosexual ❑ Lesbian
❑ Questioning ❑ other ❑ Unknown ❑ Prefer not to say

Release

I give my photo and video permission for use in publicity. ❑Yes ❑ No

I release Sno-Valley Senior Activity Center and all its agents from any liability for any accident, injury or damages of any kind to persons or property that might occur while participation in Sno-Valley Senior Center activities.

Signature_____ Date_____
(Member one)

Signature_____ Date_____

By renewing your membership, you will enjoy great benefits including:

- *Deeply discounted membership pricing on all programs and services*
- *Newsletter delivered right to your door and voting privileges*
- *Free Birthday lunch and listing in the newsletter during your birthday month*
- *Your emergency information on file in case it is needed (it has been before!)*

Please return this completed form with your payment to:
SVSC, PO Box 96, Carnation WA 98014.
(425) 333-4152