



# Wallingford Community

SENIOR CENTER

## Membership

### MEMBERSHIP FORM, PAGE 1

Complete form & return with payment to:  
WCSC, 4649 Sunnyside Ave N, Ste 140, Seattle, WA 98103

Date:

**Member 1 (for household memberships, use the white boxes for Member 1):**

**Full Name:**

**Birthdate (MM/DD/YYYY):**

**Phone 1:**

**Ph 2:**

**Email:**

**Street Address:**

**Member 2 (for household memberships, use the gray boxes for Member 2):**

**Full Name:**

**Birthdate (MM/DD/YYYY):**

**Phone 1:**

**Ph 2:**

**Email:**

Membership Level	Price	Amount Enclosed
Individual July 1 2024 —July 1 2025	\$40/yr	
Household July 1 2024—July 1 2025	\$60/yr	

Here is an additional donation to support WCSC:

\*If you answer A for income level (see reverse), the fee is waived (or pay what you can)

*Your membership matters: Members vote on bylaws and major organizational changes, elect Board members, receive the Sunnysider Newsletter at their home address, receive the bi-weekly E-News via email, and receive discounted rates on many programs. Members opt in to appearing in photographs which may be used for promotional purposes, and may opt out by contacting the front desk. Members agree to follow the WCSC Code of Conduct. All personal information is handled confidentially in accordance with our privacy policy.*

**MEMBERSHIP RENEWAL CONTINUES ON REVERSE, SEE PAGE 2**



# Wallingford Community

## SENIOR CENTER

### MEMBERSHIP FORM, PAGE 2

Your *OPTIONAL* responses to the following questions help Wallingford Community Senior Center receive valuable funding from our sponsoring entities. We will not, under any circumstances, share your personal information with other individuals or organizations. We do not sell, communicate or divulge your information to any mailing lists.

#### Income Level:

\*If you answer A for income level, the fee is waived (or pay what you can)

Check I	1 person	2 persons	3 persons	4 persons
<input type="checkbox"/> A*	\$0-31,650	\$0-36,200	\$0-40,700	\$0-45,200
<input type="checkbox"/> B	31,651-52,700	36,201-60,250	40,701-67,800	45,201-75,350
<input type="checkbox"/> C	52,701-77,700	60,251-88,800	67,801-99,900	75,351-110,950
<input type="checkbox"/> D	77,701+	88,801+	99,901+	110,951+

  

	Member 1	Member 2		Member 1	Member 2
<b>Are you...</b>			<b>Race (select all options that apply):</b>		
a single adult living alone?	<input type="checkbox"/>	<input type="checkbox"/>	American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>
in a household with children under 18?	<input type="checkbox"/>	<input type="checkbox"/>	Asian, Asian-American	<input type="checkbox"/>	<input type="checkbox"/>
a veteran?	<input type="checkbox"/>	<input type="checkbox"/>	Black, African, African-American	<input type="checkbox"/>	<input type="checkbox"/>
a person with a disability?	<input type="checkbox"/>	<input type="checkbox"/>	Hawaiian Native or Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
limited English speaking?	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>	<input type="checkbox"/>
homeless?	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ethnicity</b>			Multi-Racial	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<b>Sexual Orientation</b>		
Not Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	<input type="checkbox"/>
<b>Gender (select all options that apply):</b>			Gay	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>
Male	<input type="checkbox"/>	<input type="checkbox"/>	Lesbian	<input type="checkbox"/>	<input type="checkbox"/>
Transgender and/or Non-Binary	<input type="checkbox"/>	<input type="checkbox"/>	Questioning	<input type="checkbox"/>	<input type="checkbox"/>
			Other or Not Listed	<input type="checkbox"/>	<input type="checkbox"/>