

Wallingford Community Senior Center Membership Form

Your membership matters: members vote on bylaws and major organizational changes, elect Board members, and receive discounted rates on many programs. All personal information is handled confidentially. Memberships are valid for one year from the date that payment and a completed membership form are received. Thank you for your support!

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

Date:

Please print. Grey Member 2 areas are for household memberships.

Member 1				Member 2 (for household memberships)				
Full Name:				Full Name:				
Birthdate (MM/DD/YYYY):				Birthdate (MM/DD/YYYY):				
Phone 1:		Ph 2:		Phone 1:		Ph 2:		
Email:				Email:				
Receive Newsletter by: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Both <input type="checkbox"/> Neither						<i>Please check the box next to the best answer for each category below. Member 1's responses in the white column, Member 2's in the grey column.</i>		
Mailing Address:								
Emergency Contact (name, relationship, phone):						M 1	M 2	Gender
						<input type="checkbox"/>	<input type="checkbox"/>	Female
						<input type="checkbox"/>	<input type="checkbox"/>	Male
						<input type="checkbox"/>	<input type="checkbox"/>	Transgender/Other
Do you consider yourself...		Member 1		Member 2		M 1	M 2	Sexual Orientation
a single adult living alone?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	Bisexual
in a household with children under 18?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	Gay
a veteran?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual
a person with a disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	Lesbian
a refugee/immigrant?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	Questioning
limited English speaking?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	Other
homeless?		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	
Income Level: Find the column for the number of people in the household. In that column, find your household income range based on last year's gross income. Check the box for that row.						M 1	M 2	Ethnicity
						<input type="checkbox"/>	<input type="checkbox"/>	Hispanic or Latino
						<input type="checkbox"/>	<input type="checkbox"/>	Not Hispanic or Latino
Check 1	1 person	2 persons	3 persons	4 persons		M 1	M 2	Race
<input type="checkbox"/> A*	\$0-20,200	\$0-23,050	\$0-25,950	\$0-28,800		<input type="checkbox"/>	<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/> B	20,201-33,600	23,051-38,400	25,951-43,200	28,801-48,000		<input type="checkbox"/>	<input type="checkbox"/>	Asian, Asian-American
<input type="checkbox"/> C	33,601-50,400	38,401-57,600	43,201-64,800	48,001-72,000		<input type="checkbox"/>	<input type="checkbox"/>	Black, African, African-American
<input type="checkbox"/> D	50,401+	57,601+	64,801+	72,001+		<input type="checkbox"/>	<input type="checkbox"/>	Hawaiian Native or Pacific Islander
Membership Level		Price		Amount Enclosed		<input type="checkbox"/>	<input type="checkbox"/>	White
Individual		\$30.00*				<input type="checkbox"/>	<input type="checkbox"/>	Other
Household		\$50.00				<input type="checkbox"/>	<input type="checkbox"/>	Multi-Racial
Here is an additional donation to support WCSC:						<input type="checkbox"/>	<input type="checkbox"/>	
*If you answered A for income level, the fee is waived (or pay what you can)						<input type="checkbox"/>	<input type="checkbox"/>	