

# 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 in accordance with our privacy policy. Memberships are valid for one year from the date that payment and a completed membership form are received. Thank you!*

Complete form & return with payment to: 4649 Sunnyside Ave N, Ste 140, Seattle, WA 98103  
**Please print. Grey Member 2 areas are for household memberships.**

**Date:**

Member 1		Member 2 (for household memberships)	
<b>Full Name:</b>		<b>Full Name:</b>	
<b>Birthdate (MM/DD/YYYY):</b>		<b>Birthdate (MM/DD/YYYY):</b>	
<b>Phone 1:</b>	<b>Ph 2:</b>	<b>Phone 1:</b>	<b>Ph 2:</b>
<b>Email:</b>		<b>Email:</b>	

**Receive Newsletter by:**  Mail  Email  Both  Neither

*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.*

**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"/>	Other gender identity

Do you consider yourself...	Member 1	Member 2
a single adult living alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
as seeking more social engagement or more out-of-home activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
in a household with children under 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a family member of a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a person with a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a refugee/immigrant from China, Latin America, or the Horn of Africa?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
caregiver to a member of a vulnerable population?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
limited English speaking?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

M 1	M 2	Sexual Orientation
<input type="checkbox"/>	<input type="checkbox"/>	Bisexual
<input type="checkbox"/>	<input type="checkbox"/>	Gay
<input type="checkbox"/>	<input type="checkbox"/>	Heterosexual
<input type="checkbox"/>	<input type="checkbox"/>	Lesbian
<input type="checkbox"/>	<input type="checkbox"/>	Questioning
<input type="checkbox"/>	<input type="checkbox"/>	Other

**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
<input type="checkbox"/> A*	\$0-23,250	\$0-26,600	\$0-29,900	\$0-33,200
<input type="checkbox"/> B	23,251-38,750	26,601-44,300	29,901-49,850	33,201-55,350
<input type="checkbox"/> C	38,751-61,800	44,301-70,600	49,851-79,450	55,351-88,250
<input type="checkbox"/> D	61,801+	70,601+	79,451+	88,251+

M 1	M 2	Race
<input type="checkbox"/>	<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	<input type="checkbox"/>	Asian, Asian-American
<input type="checkbox"/>	<input type="checkbox"/>	Black, African, African-American
<input type="checkbox"/>	<input type="checkbox"/>	Hawaiian Native or Pacific Islander
<input type="checkbox"/>	<input type="checkbox"/>	White
<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	Multi-Racial

Membership Level	Price	Amount Enclosed
Individual	\$30.00*	
Household	\$50.00	

Here is an additional donation to support WCSC:

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