



Membership Form

Thank you for joining the Senior Center! We are glad to have you in our community.

Page One includes information we need. Page Two includes data requested by our funders and helps us with reporting and future grant applications. No Individual Identifying Information Will Be Shared.

Members are assigned an Anonymous ID Number for reporting purposes.

YOUR INFO:

Name: _____

Mailing Address: _____

Physical Address (if different): _____

Home Phone: _____

Cell Phone: _____

Email: _____

Birthdate: _____

EMERGENCY CONTACT:

Name: _____

Phone: _____

Relationship: _____

NEWSLETTER PREFERENCE:

US Mail: _____ Email: _____

MEMBERSHIP TYPE:

New Member: _____ Renewal: _____

MEMBERSHIP LEVEL:

General/Annual: \$25* _____

Lifetime: \$1,000 _____

Additional Donation: _____

Donations help support our programs for everyone.

We appreciate your support.

**The Senior Center never turns anyone away for lack of funds. We welcome all. If the membership fee creates a financial hardship, please let us know.*

YOUR INTERESTS:

- | | |
|---|---|
| <input type="checkbox"/> Bridge | <input type="checkbox"/> Scrabble |
| <input type="checkbox"/> Cribbage | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Art | <input type="checkbox"/> Nutrition/Food |
| <input type="checkbox"/> Pinochle | <input type="checkbox"/> Languages |
| <input type="checkbox"/> Movies | <input type="checkbox"/> Committees |
| <input type="checkbox"/> Book Group | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Mah Jongg | <input type="checkbox"/> Volunteering |
| <input type="checkbox"/> Trips | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Education | <input type="checkbox"/> Meditation |
| <input type="checkbox"/> Health/Fitness | <input type="checkbox"/> Genealogy |
| <input type="checkbox"/> Discussions | |
| <input type="checkbox"/> Technology | Other: _____ |
| <input type="checkbox"/> Current Events | _____ |
| <input type="checkbox"/> Languages | _____ |

Vashon Senior Center
PO Box 848 • 10004 SW Bank Road • Vashon, WA 98070
(206) 463-5173 • vashoncenter.org

For Office Use Only
Member ID: _____



Member Demographics

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For Office Use Only • Member ID: _____ Birthdate: _____

Please complete as much of the following as possible. There is a *Prefer Not to Say* option for every question.

Race

- American Indian/Alaska Native
- Asian/Asian American
- Black/African American/African
- Native Hawaiian/Pacific Islander
- White
- My race isn't listed. I identify as: _____

Prefer Not to Say

Ethnicity

Hispanic:
 Yes No Prefer Not to Say

Gender

- Male
- Female
- Self-Describe Another Way: _____

Prefer Not to Say

Do You Identify as Transgender?

Yes No Prefer Not to Say

Sexual Orientation

- Pansexual or Bisexual
- Gay or Lesbian
- Questioning or Unsure
- Straight or Heterosexual
- Self-Describe Another Way: _____

Prefer Not to Say

Zip Code: _____

Preferred Language: _____

What is your Household size: _____

Prefer Not to Say _____

Income

Are you eligible for Basic Food Assistance (SNAP) or Public Benefits (TANF, SSI)?

Yes No Unsure

Prefer Not to Say _____

Military Service and Military Family Status

Have you ever served or do you serve in the Military?

Yes No Prefer Not to Say _____

Are you related to someone who is serving or has served in the Military?

Yes No Prefer Not to Say _____

If Yes, what is your relationship with that person?

Minor Dependent: _____

Spouse / Partner: _____

Other Dependent Adult: _____

Thank you for completing your Enrollment Form. We are delighted to have you with us at the Senior Center!

We are open from 9am to 3pm Monday, Tuesday, Wednesday and Friday. Please visit our website for news, activities and more information. Or give us a call!

(206) 463-5173 • vashoncenter.org