

Ballard NW Senior Center 2015 Membership

5429-32nd Ave. NW, Seattle, WA 98107 (206) 297-0403

www.ballardseniorcenter.org



Where Friends Meet Friends

CONTACT INFORMATION:

First Name & Last Name: _____ **DOB:** ____/____/____

Mailing Address: _____ **Apt #** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Home / Mobile** _____ **Email Address:** _____

Emergency Contact: _____ **Phone:** _____

Doctor's Name: _____ **Phone:** _____

Please attach a list of any allergy, medical, medication, or health concerns should we know about.

PROGRAMING & DEMOGRAPHICS:

How did you learn about the Center?

Newsletter ___ Website ___ Internet ___ Flyer ___ Word of Mouth ___ Other _____

What are your current interests or hobbies? _____

Is there a class/service/program that you would like us to offer? _____

Are you looking to volunteer at the Ballard NW Senior Center? YES ___ NO ___

If so, what would you like to do: _____

May we include you in Class / Group / Event / Party photos? YES ___ NO ___

Photos including attendees, volunteers, staff, etc. may be posted in our website gallery, online PR, and in printed advertising to showcase the programs and events of the Ballard NW Senior Center.

What race do you identify with?

Asian ___ Black ___ Hispanic ___ Native American ___ White ___ Other _____

Are you a Veteran? YES ___ NO ___

Do you consider yourself to be a person with a disability? YES ___ NO ___

Are you caregiving for a family member/friend? YES ___ NO ___

Are you parenting a child under 18 years old? YES ___ NO ___

Do you consider your income level: Low ___ Moderate ___ Above Moderate ___

Membership Cost: expires 12/31/2015 \$ 35.00

Would you like to Sponsor another Senior? YES ___ NO ___

Help purchase a membership for a senior in need. Amount Donated: \$ _____

Help pay for classes for a senior in need. Amount Donated: \$ _____

Total Paid: \$ _____

Release: In consideration for being permitted to attend, observe, participate and engage in the activities and functions sponsored or co-sponsored by the Ballard NW Senior Center and/or Senior Services of Seattle King County, I release, relinquish and waive any and all claims, demands, causes of action, liabilities and obligations, of any nature or kind, for personal injury, death or property damage which I may now or in the future have against the Ballard NW Senior Center and/or Senior Services of Seattle King County, and their respective directors, officers, employees, agents, independent contractors and representatives, which arise out of or are related or incident to my attendance, observation, participation or engagement at any activities or functions sponsored or co-sponsored by Ballard NW Senior Center and/or Senior Services of Seattle King County.

Signature: _____ **Date:** _____

Office Use Only	Date Paid: _____	Receipt# _____
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