Memberships are valid from January 1st to December 31st of each year. Mail membership registration and check to: **Mukilteo Seniors Association,** PO Box 132, Mukilteo, WA 98275-0132

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**New Member? Yes\_\_\_ No \_\_\_** **If Renewal, NEW Address? Yes \_\_\_ No\_\_\_**

**1st MEMBER information**    (Please PRINT and fill in ALL information; \*\*= REQUIRED)

**\*\***FIRST Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_  **\*\***LAST Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

 Male\_\_\_   Female\_\_\_\_             DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\***Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **\*\***City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*\*State\_\_\_\_\_\_\_\_\_

**\*\***Zip \_\_\_\_\_\_\_\_\_\_ **\*\***Phone (H)  (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Cell Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone: Home\_\_\_\_ Cell \_\_\_\_\_      Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about MSA?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1st MEMBER’S Emergency Contact Information**

**\*\***Emergency Contact’s Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\***Relationship  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\***Emergency Contact’s Phone (h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone (c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1st MEMBER’S Doctor’s Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Doctor’s Phone  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd MEMBER information for COUPLE membership**     (\*\*=REQUIRED)

**\*\***FIRST Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_ **\*\***LAST Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

 Male\_\_\_  Female\_\_\_\_             DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\***Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\***City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\*\***State\_\_\_\_\_\_\_\_    **\*\***Zip \_\_\_\_\_\_\_\_\_

**\*\***Phone (H)  (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Cell Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Preferred Phone: Home\_\_\_\_\_ Cell \_\_\_\_\_\_   Email  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2n**d **MEMBER’S Emergency Contact Information**

**\*\***Emergency Contact’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\*\***Relationship  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\***Emergency Contact’s Phone (h) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone (c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDITIONAL MEMBER’S Doctor’s Name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Doctor’s Phone   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL MEMBER of COUPLE MEMBERSHIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name Printed

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ □ Yes, I hereby authorize any pictures taken of me while I am participating in senior activities to be used in Mukilteo Seniors Association publications. (The Board will make every effort to notify you prior to using your photograph)

□ Yes, I release Mukilteo Seniors Association and all of its agents from any liability for any accident, injury or damages of any kind to persons or property that might occur while participating in Mukilteo Seniors Association activities

□ Yes, I would like to serve on a committee. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Specify*

**1st MEMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Name printed

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Yes, I hereby authorize any pictures taken of me while I am participating in senior activities to be used in Mukilteo Seniors Association publications/social media. (The Board will make every effort to notify you prior to using your photograph)

□ Yes, I release Mukilteo Seniors Association and all of its agents from any liability for any accident, injury or damages of any kind to persons or property that might occur while participating in Mukilteo Seniors Association activities

□ Yes, I will be willing to serve on a committee. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Specify*

Select Membership Category:

□ Individual Membership: $25 \_\_\_\_\_\_ Annual Membership

□ Couple Membership: …. $45 \_\_\_\_\_\_ Annual Membership

I (We) wish to make an additional donation to support the Mukilteo Seniors Association

Donation $ \_\_\_\_\_\_

**TOTAL AMOUNT DUE** – enclosed is a check/cash for $\_\_\_\_\_\_\_

Office Use Cash/Check\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_ Amt. Pd:\_\_\_\_\_\_\_\_\_\_

Membership Type: Single Couple