MUKILTEO SENIORS ASSOCIATION MEMBERSHIP APPLICATION

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

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 _____

2nd 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 _____

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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 $_____

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*

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*

Office Use Cash/Check_____

Date:_____ Amt. Pd:_____

Membership Type: Single Couple