## **Chelan Senior Center**

## **NEW Membership Application Form**

**Annual Membership Dues** 

Complete this form and return to: Chelan Senior Center, 534 E. Trow Ave - Chelan, WA 98816 Phone: (509) 682-2712

(Please use this form ONLY for new memberships; to correct information, please call or email us)

Name:	BD		(For a 12 month period)
Spouse Name:		_	\$15.00 for Individual
(Enter spouse name only if applying as a couple membership)			\$25.00 per Couple—(must
Address:			reside at same address.)
City:			Lifetime Memberships for individuals, only \$250* "Must be 65 or older
Home Phone: ( ) C	ell Phone: ( )		Membership makes a great gift!
Email Address:			
********	*********	·********	*******
IN CASE OF EMERGENCY: (Fill out if y	ou are a new member or	this is to upd	ate your information)
Emergency Contact Name		Relations	ship
Contact Phone #	Other Phone #		
Name of my Doctor			
Phone #			
************	*********	******	*******
We are always in need of Volunteers. Would	d you consider volunteeri	ng?	Yes No
Please describe your area of expertise or interest	ests that might be helpful to	particular volur	teer opportunities:
Release of Liability: I agree to the following: The Chelan Senior Cenlitigation, or damage arising from any/all programs. Any photos taken laws and the Rules and Regulations of the Chelan Senior Center.			
I am enclosing a check for:	al Membership (\$15.00)	Couple Me	embership (\$25.00)
Individual Life Membership (\$250.00)			
(Please check one of the above memberships)		- ` ´	side at the same address)
Signature	Date	Pd	ck# /casł