



# East County Senior Center Membership Form

276 Sky River Parkway, (mailing)  
P.O. Box 602, Monroe, WA 98272

ECSC

## Membership Levels: Rates: Single / Family

**Silver:**  \$25 /  \$40

- ~Preferential rate reduction on trips
- ~Receive Grapevine newsletter by mail
- ~Birthday Recognition
- ~Coupon for one free Dine Out Trip

**Gold:**  \$55 /  \$90

- ~Silver Membership benefits
- ~\$10.00 off all ECSC trips

**Platinum:**  \$100 /  \$175

- ~Silver Membership benefits
- ~\$12.00 off all ECSC trips
- ~10% off ECSC facility rental
- ~Your name listed on Annual Gifts; Donor

**Diamond! Lifetime:**  \$500 /  \$800

- ~Silver Membership benefits
- ~\$15.00 off all ECSC trips
- ~No yearly renewals
- ~25% off ECSC facility rental
- ~Equal monthly installments available
- ~Your name listed on Annual Gifts; Partner

1. Are you new to the area?:  Yes/  No

2. If yes, how did you hear about us?: \_\_\_\_\_

3. Are you presently an ECSC volunteer?  Yes/  No

4. If no, are you interested in volunteering?  Yes/  No

Single Member: \_\_\_\_\_ M\_F\_ Birthday: \_\_\_\_\_

Other Family Members: \_\_\_\_\_ M\_F\_ Birthday: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Are you in the city limits of Monroe: Yes / No

I want to save ECSC Postage, email me the Grapevine.  New Member

I want to save ECSC Postage, I'll see the Grapevine on their Website.  Renewing Member

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_ Allergies: \_\_\_\_\_

I release East County Senior Center and all of its agents from any liability for an accident, injury, or damage of any kind to persons or property that might occur while participating in East County Senior Center activities. I give East County Senior Center permission to use my photo in newsletters & other publicity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### The Following Information is required by our funding agencies. Your specific information will be kept confidential:

1. Race/Ethnicity:  American Indian/Native AK  
 Asian/Pacific Islander  
 Black/African American  
 Hispanic/Latino  
 White/Caucasian  
 Other  
 Race/Ethnicity unknown

2. Number of People in your household: \_\_\_\_\_

3. Monthly Household Income Range:  
 \$0 - \$816  
 \$817 - \$1021  
 \$1022 - \$1375  
 \$More than \$1376

### For office use only:

- New  Single Membership  
 Renew  Family Membership

- Silver  Gold  Platinum  
 Diamond!  Lifetime

Payment Date: \_\_\_\_\_  
Payment Method:  Cash  Check  Credit  
If Check, Check Number: \_\_\_\_\_

Receipt Number: \_\_\_\_\_  
Entered:  Yes /  No Initials: \_\_\_\_\_

Volunteer Application Given:  Yes /  No

Membership Card Given:  Yes /  No  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Added to Database:  Yes /  No  
Date: \_\_\_\_\_ Initials: \_\_\_\_\_