**2024 MSSC ANNUAL MEMBERSHIP APPLICATION**

**Three ways to return your membership form:**

**Mail to: Mt. Si Senior Center, PO Box 806, North Bend WA 98045**

**Hand deliver to: 411 Main Ave S, North Bend WA 98045**

**Online at: www.mtsiseniorcenter.org**



**Please activate or renew my annual MSSC membership**

**Annual Membership (Year runs 2/1/24 – 1/31/25) \***

**One year** individual membership $40  
 **One year** couple membership $70  
(Includes Spouse or Domestic Partner)

Subtotal: $\_\_\_\_\_\_\_

\* 2024 Membership dues paid prior to 2/1/24 will confer membership for the entire period through 1/31/25.

**Donation to the Mt. Si Senior Center**

In addition to my membership, I would like to support the Center’s mission with a donation of:  
 $100  $75  $50  $25

Subtotal: $\_\_\_\_\_\_\_

I would like more information about how to make a planned gift to the Center  
  
 I have remembered the Center in my will or trust

**Payment Information**

Total Amount Enclosed: $\_\_\_\_\_\_\_\_\_\_\_\_

To Be Paid By:  Cash  Check  Credit Card   
Credit Card payments accepted in person or online only. Visit us at [www.mtsiseniorcenter.org](http://www.mtsiseniorcenter.org) to buy your membership online.

**I understand there are no refunds \_\_\_\_\_\_ (please initial)**

**Want to Stay Informed?**

Would you like to receive information about the center on activities and programs via email?

Emails?  Yes  No

Office use only (please print clearly):   
   
Received on: \_\_\_\_\_\_\_\_\_\_\_ Received By: \_\_\_\_\_\_\_\_\_  
  
Amount Paid: \_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_\_\_

* 2024 Membership card provided

**Membership for older adults aged 50+.**

**Member Information (Please Print)**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Unit or Apt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(If different)  
City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male  Female  Other  Prefer Not to Say

**For Couple Memberships**Spouse/Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male  Female  Other  Prefer Not to Say

**Emergency Contact Information**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**How did you hear about Membership?** Letter  Visit to Center  Friend  
  
**Would you like to volunteer at MSSC?**  
  Yes  No

**Like Mt. Si Senior Center on Facebook**