

THE STANWOOD COMMUNITY AND SENIOR CENTER

(360) 629-7403

www.stanwoodseniorcenter.org

2010 MEMBERSHIP

Please Print. Membership is valid through December 31, 2010

Your Name: Mr. Mrs. Ms. _____ **DOB** _____

Address: _____

City/State/Zip: _____ **Phone:** _____

E-MAIL Address: _____

Yes, please send me member only thrift store information _____

Yes, I want to help support the Stanwood Community and Senior Center's programs and services in 2010 with the following amount:

YOUR MEMBERSHIP: \$35 Individual or \$45 Family \$ _____
(Please circle one)

If unable to give the suggested membership your donation is appreciated **Other** \$ _____

Spouse's Name: _____ **DOB** _____

Family Members _____ **DOB** _____

For funding purposes please check the following.

Monthly Income Range:	Ethnicity/Race:	# of People in Household:
\$0 - \$797 _____	American Indian or Alaskan Native _____	_____
\$798 - \$1,069 _____	Asian _____	_____
\$1,070 - \$1,340 _____	Black or African American _____	_____
More than \$1,340 _____	Native Hawaiian/Pacific Islander _____	_____
	White _____	_____

**PLEASE COMPLETE THIS FORM AND RETURN TO:
STANWOOD COMMUNITY AND SENIOR CENTER
7430 276TH STREET NW STANWOOD, WA 98292**

For Office Use Only

New Member ___ Renewal ___ TYN _____
Check # _____ Receipt # _____ Cards ___ Initials ___ Date ___ Entry _____