



EVERETT

CARL GIPSON
SENIOR CENTER

MEMBERSHIP REGISTRATION FORM

(Please print legibly)

Last Name		First Name		Middle Initial
Street Address				
City		Zip	County	
Birthdate – month, day, year		Email (TO RECEIVE CGSC NEWSLETTER)		
Home #		Cell #		
<input type="checkbox"/> Male <input type="checkbox"/> Other: <input type="checkbox"/> Female _____		This space is intentionally left blank		

PLEASE READ AND INITIAL EACH AREA

- X_____ I have received, or will pick up a copy at the front desk, the *Welcome Packet* for new members which contains *The Carl Gipson Senior Center of Everett Code of Conduct for Members & Guests, Levels of Personal Policy Statement, and Parking Sticker Policy.*
- X_____ I give my permission for the staff of the senior center to call the number(s) I have provided about special events at the senior center
- X_____ I give my permission to use any photograph taken of me at the senior center for advertising and publication purposes.

MEMBERSHIP – REQUEST FOR PAYMENT

The Carl Gipson Senior Center of Everett requires an annual membership fee of **\$30 per person, per year**. The annual membership is non-refundable and is valid from April 1 – March 31 of each year.

Parking Sticker are \$5.00 and are not included in the membership rate. Please see the front desk to purchase a sticker in person.

Payments may be made by Visa, MasterCard, cash, or by check.

X_____ Initial here if you want to donate to the scholarship fund for low income seniors who may not be able to afford membership. Amount of donation: \$_____

By signing below, I agree and affirm as follows:

- I understand that the annual membership is non-refundable and is valid from April 1 – March 31 of each year and that memberships are not extended or prorated for any reason.

Name (Printed): _____

Signature: X _____ Date: _____

Last Name: _____ First Name: _____ MSC 1 CR 1 D 1 1 A IA D

