

Edmonds Waterfront Center

Connecting & Enriching Our Community

PO Box 717 • Edmonds WA 98020 • (425) 774-5555 • www.edmondswaterfrontcenter.org

SINGLE OR COUPLE/DUAL MEMBERSHIP FORM (page 1)

To receive your newsletter and member discounts, please **make checks payable to: Edmonds Waterfront Center.**
Mail to: PO Box 717, Edmonds, WA, 98020. You can SIGN-UP ONLINE at WWW.EDMONDSWATERFRONTCENTER.ORG

| RATES: \$25 SINGLE \$45 COUPLE/DUAL | | 12 MONTHS FROM DATE OF SIGN-UP | |
|--|-------------------------------|---|-------------------------------|
| Please fill out each line of the membership form and the member demographic form on the back page. Information is kept confidential. Please print. For more than 2 members, fill out an additional form. Today's Date: _____ | | | |
| MEMBER 1 | | MEMBER 2 | |
| Membership: NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> | | Membership: NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> | |
| First Name: _____ | M.I. _____ | First Name: _____ | M.I. _____ |
| Last Name: _____ | | Last Name: _____ | |
| Nickname/Salutation: _____ | | Nickname/Salutation: _____ | |
| Mailing Address (Include Apt #) _____ | | Mailing Address (Include Apt #) _____ | |
| City, State, Zip _____ | | City, State, Zip _____ | |
| Phone (H): _____ | Cell: _____ | Phone (H): _____ | Cell: _____ |
| Email: _____ | | Email: _____ | |
| Date of Birth: Month/Day/Year ____/____/____ | | Date of Birth: Month/Day/Year ____/____/____ | |
| If renewal, have you participated in any program/activity at least 1 time in the past 12 months? YES <input type="checkbox"/> NO <input type="checkbox"/> | | If renewal, have you participated in any program/activity at least 1 time in the past 12 months? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Emergency Contact Person(s): _____ | | Emergency Contact Person(s): _____ | |
| Emergency Phone: _____ | Relationship to Member: _____ | Emergency Phone: _____ | Relationship to Member: _____ |
| MEMBER 1 - Signature: _____ | | MEMBER 2 - Signature: _____ | |
| Date: _____ | | Date: _____ | |
| <input type="checkbox"/> (Please check) I release the Edmonds Senior Center/Edmonds Waterfront Center and all of its agents from any liability for any accident, injury or damage of any kind to persons or property that might occur while participating in activities. | | | |
| EDMONDS WATERFRONT CENTER – FOR OFFICE USE ONLY | | | |
| 10/2020 | | | |
| Date Received: _____ CASH _____ CHECK _____ CREDIT CARD _____ | | | |
| Member: Single <input type="checkbox"/> Couple <input type="checkbox"/> Dual <input type="checkbox"/> Membership Card & Coupon <input type="checkbox"/> Administrative: _____ | | | |

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OVER ⇨

MEMBERSHIP DEMOGRAPHIC FORM (page 2)

THIS INFORMATION IS CONFIDENTIAL. It is important in seeking and receiving GRANT FUNDING and for PLANNING PROGRAMS. Responses will be grouped for analysis. Thank you for taking the time to complete the voluntary survey.

| MEMBER 1 | MEMBER 2 | | | | | | | | |
|--|--|--|--|--|------------------------------------|--|--|--|--|
| <p>1. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other, Specify: _____</p> <p>2. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Widowed</p> <p>3. What are your 2 main reasons for participating? <i>(Check only two)</i> <input type="checkbox"/> Arts/Crafts/Music <input type="checkbox"/> Meals <input type="checkbox"/> Education/Information <input type="checkbox"/> Travel/Trips <input type="checkbox"/> Health/Wellness <input type="checkbox"/> Social Connections <input type="checkbox"/> Volunteer Opportunities <input type="checkbox"/> Other Activities, please specify: _____</p> <p>5. What is your race? <i>(Check all that apply)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic, Latino or Spanish origin <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other, please specify: _____</p> <p>6. What is your highest level of education? <i>(Check only one)</i> <input type="checkbox"/> Less than high school <input type="checkbox"/> High school grad/GED <input type="checkbox"/> Some college/technical training <input type="checkbox"/> 4-year college graduate <input type="checkbox"/> Postgraduate work/degree</p> <p>7. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Are you the spouse of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>1. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other, Specify: _____</p> <p>2. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Widowed</p> <p>3. What are your 2 main reasons for participating? <i>(Check only two)</i> <input type="checkbox"/> Arts/Crafts/Music <input type="checkbox"/> Meals <input type="checkbox"/> Education/Information <input type="checkbox"/> Travel/Trips <input type="checkbox"/> Health/Wellness <input type="checkbox"/> Social Connections <input type="checkbox"/> Volunteer Opportunities <input type="checkbox"/> Other Activities, please specify: _____</p> <p>5. What is your race? <i>(Check all that apply)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic, Latino or Spanish origin <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other, please specify: _____</p> <p>6. What is your highest level of education? <i>(Check only one)</i> <input type="checkbox"/> Less than high school <input type="checkbox"/> High school grad/GED <input type="checkbox"/> Some college/technical training <input type="checkbox"/> 4-year college graduate <input type="checkbox"/> Postgraduate work/degree</p> <p>7. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Are you the spouse of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | | |
| <p>9. Currently, how many people are living in your household and have been there for more than 2 months? Include yourself. _____</p> | | | | | | | | | |
| <p>10. How many children less than 18 years old live in your household? _____ <i>(if none, enter zero)</i></p> | | | | | | | | | |
| <p>11. During past 12 months, what was your approximate <u>total household</u> income from all sources? <i>(Check one)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><input type="checkbox"/> Less than \$20,000</td> <td style="width: 25%;"><input type="checkbox"/> \$25,000 - \$34,999</td> <td style="width: 25%;"><input type="checkbox"/> \$45,000 - \$54,999</td> <td style="width: 25%;"><input type="checkbox"/> \$75,000+</td> </tr> <tr> <td><input type="checkbox"/> \$20,000 - \$24,999</td> <td><input type="checkbox"/> \$35,000 - \$44,999</td> <td><input type="checkbox"/> \$55,000 - \$74,999</td> <td></td> </tr> </table> | | <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$25,000 - \$34,999 | <input type="checkbox"/> \$45,000 - \$54,999 | <input type="checkbox"/> \$75,000+ | <input type="checkbox"/> \$20,000 - \$24,999 | <input type="checkbox"/> \$35,000 - \$44,999 | <input type="checkbox"/> \$55,000 - \$74,999 | |
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