

Edmonds Waterfront Center

Connecting & Enriching Our Community

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

MEMBERSHIP FORM – For Single, Dual & Family

page 1 of 2

Our PO Box mailing address is shown above. Make checks payable to “Edmonds Waterfront Center”. To pay by credit/debit card, stop by our building at 220 Railroad Ave. or visit us online at www.edmondswaterfrontcenter.org

RATES: \$35 SINGLE \$55 DUAL \$70 FAMILY				GOOD FOR: 12 months from date of sign-up			
All fields on this page are required information for membership. Please print for legibly. Your data is kept confidential. Other programs may use different forms.							
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 #):				<i>Dual memberships are only available to members of the same household.</i>			
City, State, Zip:							
Phone (H):		Cell:		Phone (H):		Cell:	
Email:				Email:			
Date of Birth (Month/Day/Year): ____/____/____ Check if 90+ yrs <input type="checkbox"/>				Date of Birth (Month/Day/Year): ____/____/____ Check if 90+ yrs <input type="checkbox"/>			
Emergency First Name:		Emergency Last Name:		Emergency First Name:		Emergency Last Name:	
Emergency Phone:		Relationship to Member 1:		Emergency Phone:		Relationship to Member 2:	
A family membership is defined as two adults living in the same household and their minor dependents 18 or younger (*exceptions may be made for currently enrolled college students aged 22 years or younger and living in the same household). Please use an additional form for larger families.							
Minor 1: First & Last Name				Minor 2: First & Last Name			
Date of Birth (Month/Day/Year): ____/____/____				Date of Birth (Month/Day/Year): ____/____/____			
Minor 2: First & Last Name				Minor 4: First & Last Name			
Date of Birth (Month/Day/Year): ____/____/____				Date of Birth (Month/Day/Year): ____/____/____			

Diversity, Equity & Inclusion

Edmonds Waterfront Center is a community asset where everyone is welcome. We are committed to outreach and inclusion. We continually work to ensure our program offerings and the makeup of our staff, valued volunteers and Board reflect the rich diversity of our region.

SIGNATURE REQUIRED ON BACK (Continue to page 2) ➡

EDMONDS WATERFRONT CENTER – FOR OFFICE-USE ONLY						4/2025
Date Received:	_____	CASH _____	CHECK _____	CREDIT CARD _____	PAY PAL _____	
Single <input type="checkbox"/>	Dual <input type="checkbox"/>	Family <input type="checkbox"/>	Scholarship <input type="checkbox"/>	Administrative: _____		
SPLUS <input type="checkbox"/>	CARD(s) <input type="checkbox"/>	COUPON <input type="checkbox"/>	IN-PERSON <input type="checkbox"/>	MAILED <input type="checkbox"/>	AUDIT <input type="checkbox"/>	CARD(s) Date input <input type="checkbox"/>

MEMBERSHIP FORM – For Single, Dual & Family

DEMOGRAPHIC INFORMATION is CONFIDENTIAL and CRITICAL to our GRANT FUNDING and PROGRAM PLANNING.

Responses are grouped for analysis. Thank you for your time completing this survey.

MEMBER 1	MEMBER 2
1. How many people live in your household and have been there more than 2 months? Include yourself: _____	
2. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	2. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other: _____	3. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other: _____
4. What is your race? <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, specify: _____	4. What is your race? <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, specify: _____
5. Are you active US military or veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are you active US military or veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. What are your top two interests at EWC? (Check <u>only two</u>) <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"/> Volunteering <input type="checkbox"/> Other, specify: _____	6. What are your top two interests at EWC? (Check <u>only two</u>) <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, specify: _____
7. What is your <u>highest</u> level of formal education? <input type="checkbox"/> Postgraduate work/degree <input type="checkbox"/> 4-year college graduate <input type="checkbox"/> Some college/technical training <input type="checkbox"/> High school grad/GED <input type="checkbox"/> Did not complete high school	7. What is your <u>highest</u> level of formal education? <input type="checkbox"/> Postgraduate work/degree <input type="checkbox"/> 4-year college graduate <input type="checkbox"/> Some college/technical training <input type="checkbox"/> High school grad/GED <input type="checkbox"/> Did not complete high school
8. How many children under 18 years old live in your household? _____ (if none, enter zero)	
9. During the past 12 months, what was your approximate <u>total household</u> income from all sources? <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 and over <input type="checkbox"/> \$20,000 - \$24,999 <input type="checkbox"/> \$35,000 - \$44,999 <input type="checkbox"/> \$55,000 - \$74,999	

I would like to receive the newsletter by EMAIL

I would like to receive the newsletter by US MAIL

I would like to receive the newsletter by EMAIL

One copy of the newsletter may be sent to each household

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.

MEMBER 1	MEMBER 2
Signature: _____ Date: _____	Signature: _____ Date: _____