425.774.5555
Tax ID # 91-0828576
PO Box 717 | Edmonds WA | 98020
www.edmondswaterfrontcenter.org

MEMBERSHIP FORM – For Single, Dual & Family

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 ☐ RENEWAL ☐		Membership: NEW ☐ RENEWAL ☐	
First Name:	M.I.:	First Name:	M.I.:
Last Name:		Last Name:	
Nickname/Salutation:		Nickname/Salutation:	
Mailing Address (Include Apt #):		*Dual memberships are only available to members of the same household.*	
City, State, Zip:			
Phone (H):	Cell:	Phone (H):	Cell:
Email:		Email:	
Date of Birth (Month/Day/Year): ___ ___/___ ___/___ ___ ___ ___ Check if 90+ yrs ☐		Date of Birth (Month/Day/Year): ___ ___/___ ___/___ ___ ___ ___ Check if 90+ yrs ☐	
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 3: 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 ☐ Dual ☐ Family ☐ Scholarship ☐ Administrative: _____

SPLUS ☐ CARD(s) ☐ COUPON ☐ IN-PERSON ☐ MAILED ☐ AUDIT ☐ CARD(s) Date input ☐

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: ☐ Married ☐ Single ☐ Partnership ☐ Divorced ☐ Widowed	2. Marital Status: ☐ Married ☐ Single ☐ Partnership ☐ Divorced ☐ Widowed
3. Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Other:_____	3. Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Other:_____
4. What is your race? ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic, Latino or Spanish origin ☐ Native Hawaiian or other Pacific Islander ☐ White/Caucasian ☐ Other, specify: _____	4. What is your race? ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic, Latino or Spanish origin ☐ Native Hawaiian or other Pacific Islander ☐ White/Caucasian ☐ Other, specify: _____
5. Are you active US military or veteran? ☐ Yes ☐ No	5. Are you active US military or veteran? ☐ Yes ☐ No
6. What are your top two interests at EWC? (*Check only two*) ☐ Arts/Crafts/Music ☐ Meals ☐ Education/Information ☐ Travel/Trips ☐ Health/Wellness ☐ Social Connections ☐ Volunteering ☐ Other, specify: _____	6. What are your top two interests at EWC? (*Check only two*) ☐ Arts/Crafts/Music ☐ Meals ☐ Education/Information ☐ Travel/Trips ☐ Health/Wellness ☐ Social Connections ☐ Volunteer Opportunities ☐ Other, specify: _____
7. What is your highest level of formal education? ☐ Postgraduate work/degree ☐ 4-year college graduate ☐ Some college/technical training ☐ High school grad/GED ☐ Did not complete high school	7. What is your highest level of formal education? ☐ Postgraduate work/degree ☐ 4-year college graduate ☐ Some college/technical training ☐ High school grad/GED ☐ 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 total household income from all sources? ☐ Less than $20,000 ☐ $25,000 - $34,999 ☐ $45,000 - $54,999 ☐ $75,000 and over ☐ $20,000 - $24,999 ☐ $35,000 - $44,999 ☐ $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: