

2020 Membership Application



The Walnut Creek Seniors Club Annual Membership dues per person are

\$15.00 from January to December 2020

Checks payable to: Walnut Creek Seniors Club

Please do not staple check to application

| Member #1 | Member #2 |
|--|--|
| DATE: _____ | DATE: _____ |
| I am a NEW Member to this club <input type="checkbox"/> | I am a NEW Member to this club <input type="checkbox"/> |
| I am renewing a current or past membership <input type="checkbox"/> | I am renewing a current or past membership <input type="checkbox"/> |
| I am age 90 and qualify for a free membership <input type="checkbox"/> | I am age 90 and qualify for a free membership <input type="checkbox"/> |
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| City _____ Zip _____ | City _____ Zip _____ |
| Home Phone # () _____ | Home Phone # () _____ |
| Cell Phone # () _____ | Cell Phone # () _____ |
| *E-mail address _____ | *E-mail address _____ |
| Birthdate (mm/dd/yyyy) ____/____/____ | Birthdate (mm/dd/yyyy) ____/____/____ |
| <i>DOB required</i> | <i>DOB required</i> |
| In an emergency, who should we call? | In an emergency, who should we call? |
| Phone # () _____ | Phone # () _____ |
| Name _____ | Name _____ |
| Relationship _____ | Relationship _____ |

NEW Newsletter Delivery Method: Mail E-Mail (Please Choose One)

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| I am interested in becoming a volunteer. <input type="checkbox"/> YES <input type="checkbox"/> NO | <p>Donations: If, in addition to your dues, you would like to make a tax deductible donation to the Walnut Creek Seniors Club programs and activities, please show your level of support below. Thank you very much for your donation and support. The Walnut Creek Seniors Club is a non-profit corporation, exempt from taxes under section 501 (c)(3) of the IRS code.</p> <p>Optional donation to the Walnut Creek Seniors Club programs & activities: \$ _____</p> <p>Standards of Behavior: For the enjoyment and safety of everyone, the WCSC expects all participants and spectators to treat the people and facilities connected with the program with respect and abide by all rules and direction from the staff. We reserve the right to refuse service to anyone for failure to abide by these standards.</p> |
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| FOR OFFICE USE: ____ ADDRESS CHECKED ____ PAID: Cash ____ Ck# ____ | ____ LYFT MEMBER 2020 LIST ____ ENTERED IN SYSTEM ____ DONATION THANK YOU SENT |
|--|--|