

Print, Complete, then mail in or bring in with dues!



New Member Application

\$35.00 per person/per year. Donations in excess of this amount are welcomed!*

Date: _____

Mr/Mrs/Ms _____

(Circle one please. One application per member. Please PRINT all information clearly.)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

I live within the CITY LIMITS of Sequim: Yes ___ No ___

PHONE number(s) _____ / _____

E-MAIL ADDRESS: (Print clearly) _____

I prefer to receive my Newsletter by: E-mail ___ (saves printing/postage) Regular Mail ___

DATE OF BIRTH: ___/___/___ (Circle) Male / Female

(Would you please provide the month, day and year of your birth? It will be kept confidential.

We need it for grant/funding purposes and to wish you a happy birthday!))

Our Sequim Senior Activity Center is an independent 501(c)3 non-profit organization with a volunteer Board of Directors that is elected by our members. We are not affiliated with or supported by the city or any other government entity. Member dues, activity fees, donations and bequests help make our center financially sound.

Welcome! We look forward to seeing you soon at our activities and events, and on our bus trips and tours!

Volunteers are the heart and soul of our center. If you would like to volunteer your talents to our organization, please check those areas where you would like to help on the Volunteer Questionnaire, available on our website.

*The Sequim Senior Activity Center is operated by Sequim Senior Services, a WA Non-profit Corporation. We are a registered charity with the State of Washington, #24338. Donations are tax deductible under IRS section 501(c)3, federal tax ID number 91-13-55592.

Please return this form, your dues, and any optional donation to:

Sequim Senior Activity Center, 921 E. Hammond St., Sequim, WA 98382.

FOR OFFICE USE ONLY:

Application received by: _____ Computer entry by: _____

Receipt# : _____ Date entered: _____

Please PRINT out, complete and return to the center by mail or in person!
You must be a MEMBER of the center to volunteer. Please download membership application also!

VOLUNTEER QUESTIONNAIRE, Sequim Senior Activity Center

NAME OF VOLUNTEER: _____

PHONE # _____

ACTIVITIES OF INTEREST

(Please check)

SPECIAL INTEREST

- 1 Serve on the Board
- 2 Membership Committee
- 3 Finance & Accounting
- 4 Newsletter Publication (work w/editor in
Microsoft Publishing)
- 5 Publicity Committee
- 6 Web Page updating
- 7 Welcome Committee
- 8 Teach a Computer class
(Beginning/Intermediate or Advanced)
- 9 Teach a _____ class or start a new project
(We welcome your talent(s) & expertise)

OFFICE (DESK) VOLUNTEER

(Three hour shifts once a week, am or pm)

- 10 a. I would like to work at the front desk
am _____ pm _____
- b. I have computer skills in _____

HEALTH RELATED ISSUES

(Circle one that relates)

- a. Take Blood Pressure
- b. Emergency Response Committee
- c. Teach a Health related class
- d. I am a retired/currently licensed
(physician, nurse, dentist, etc.) _____

SPECIAL EVENTS

- 12 Bake for special events
- 13 Decorate for special events
- 14 Events Set-up: tables, chairs
- 15 Book/Provide Entertainment
- 16 Bingo Caller/Cashier (circle one)
- 17 Newsletter Mailings, folding, stuffing
- 18 Potluck Help
- 19 Crafts (make items to sell/decorate)
- 20 Photography at events
- 21 Tour Bus Driver, CDL licensed
- 22 Volunteer to help at lunches/dinners
& special events

FACILITY MANAGEMENT

- 23 a. Electricity
- b. Plumbing
- c. Carpentry/Handyman/Repairs (circle)
- d. Painting

MISCELLANEOUS

(If you have a talent not listed please add)

- Retired legal person _____
- Grant writer _____
- Fundraising experience _____