



*"Enhancing the emotional, social, and physical well-being of Boomers and Beyond"*

**2015 Membership:** \$50.00 Individual \$90.00 Couple (May be paid with 2 consecutive installments)

**Lifetime Membership:** Individual \$300.00 (May be paid with three consecutive \$100.00 payments)

**Please check one**

- New     Renewal
- Change

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_  
Last First Mid. Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Email Address: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**For Office Use Only**

Member: \_\_\_\_\_

Lifetime Member: \_\_\_\_\_

Honorary Member: \_\_\_\_\_

Associate Member: \_\_\_\_\_

Gold Member: \_\_\_\_\_

Participant: \_\_\_\_\_

Paid Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_

SESSC  
 4655 S. Holly St.  
 Seattle, WA 98118  
 (206) 722-0317  
 www.sessc.org  
 12-19-14



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Do You Live Alone?  Yes  No    Are You A Caregiver?  Yes  No    Do You Have A Disability?  Yes  No

What Relationship Do You Have With The Military?  Active Duty     Spouse of Veteran/Active Duty     Dependent of Veteran/Active Duty  
 Veteran     No Relationship     Unknown

**ETHNIC ORIGIN (Check All That Apply or WRITE-IN)**

African American/Black:     Asian:     Caucasian/White:     Native American

Pacific Islander:     Latino/Hispanic:     Alaska Native:     Other \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor Name: \_\_\_\_\_ Office Phone \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

All information requested is for the use of SESSC Staff and is kept strictly confidential. We welcome your comments and suggestions.