***Orcas Senior Center Membership***

**Together, we make Orcas great!**

Your membership helps strengthen this vital community hub. Benefits of membership include access to the Athletic Club, $5 tickets for Orcas Center shows, 10% discount at Ray’s (excluding wine and pharmacy), free and discounted classes, trips and travels, a 10% Eastsound Kennel discount, and more. **Please consider making an additional donation above the cost of the annual membership in support of the Senior Center and Orcas elders. We sincerely appreciate your contribution. Thank you!**

Jami Mitchell, Senior Center Manager

**Yes, I/we want to join the Orcas Senior Center for 2015/2016 (8/1/15 – 7/31/16)**

 **Individual Membership ($20) Dual Membership ($35)**

I/we wish to make an additional contribution to support the Senior Center.

 $25 $50 $100 $250 $500 $ \_\_\_\_\_\_\_\_\_

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

 2nd Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you like to receive our newsletter? Mail Email Do not send me one

*Island-wide emergencies place people at risk, especially those that live alone and have health problems. In an effort for Senior Services to increase response in the event of emergencies, we request the following information. Your answers are completely confidential and are optional. Thank you.*

*~Marla Johns, Orcas Island Senior Services Coordinator*

*Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Do you rely on any potentially lifesaving equipment at home which relies on power/water?*

*(Examples: Oxygen, nebulizer, CPAP machines, etc.) Circle one: YES NO*

*Do you have an emergency pendant system? Circle one: YES NO*

*On case of emergency, who would you like to be notified?*

 *Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

**Please make your check payable to Orcas Senior Center. Mail to: PO Box 1653, Eastsound, WA 98245**