



2025 NEW MEMBER APPLICATION

Date _____

Single - \$45/Calendar year

Couple - \$90/Calendar year

Name: _____ Birthdate: _____ Male Female

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

Disabilities or Allergies, if any: _____

Emergency Contact: _____ Phone: _____

Spouse Name: _____ Birthdate: _____ Male Female

Email: _____ Cell Phone: _____

Disabilities or Allergies, if any: _____

Emergency Contact: _____ Phone: _____

• Newsletter: Mailed Emailed

• Are you interested in being a volunteer in any of these areas at the Center?

Dining Room Kitchen Greeter or Coffee Bar Office Help Meal Delivery No

• I would like to receive automated messages via phone re: closures, general news, etc. Yes No

Member Signature _____ Date _____

Make Check Payable to Lynden/Community Senior Center (LCSC)

Mail to: 401 Grover St
Lynden, WA 98264

Office Use: \$ _____ membership fee paid Cash: _____ Check # _____ CC: _____

Parking Pass Issued: MSC ID: _____

App Revised 9/17/2024