



SEABECK COMMUNITY CENTER



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Please write legibly.

Date _____

First Name

Last Name

Mailing Address

Email

Phone Number

Total number of people in household for this membership: _____

Is this a new or renewing Membership? _____

Interests/What Classes or Activities Would You Like to See Offered at the Center?

Are you interested in volunteering? If yes, what area?

What age(s) would you like to see us focus on for events? Please check all that apply:

- 5 - 8 yrs old
- 9 - 12 yrs old
- 13 - 17 yrs old
- 18 - 25 yrs old
- 25 - 45 yrs old
- 45 - 55 yrs old
- 55 - 75 yrs old
- Seniors 76+

- **ANNUAL MEMBERSHIP DUES:**
\$50 a year per household
- **PLEASE MAKE CHECKS OUT TO:**
Seabeck Community Center
- **SEND CHECKS TO:**
Seabeck Community Center 15398
Seabeck Hwy NW Seabeck, WA 98380
OR
- **REGISTER AND PAY ONLINE:**
[Yearly Membership — Seabeck
Community Center \(seabeckcc.org\)](http://seabeckcc.org)

WEB: [Seabeck Community Center \(seabeckcc.org\)](http://seabeckcc.org)

EMAIL: info@seabeckcc.org

ADDRESS: 15565 Seabeck Hwy NW, Seabeck, WA 98380

MAILING ADDRESS: 15398 Seabeck Hwy NW • Seabeck, WA 98380



For Membership

Cash or Check # _____

Date _____

Signature of person accepting this form: