

SSC Membership / Renewal FormMembership open to those 60 and older

July 1, 2023 - June 30, 2024

All members must submit this confidential, mandatory form and remit membership dues every year prior to July 1st, to participate in all Stamford Senior Center programs and activities.

First Name: _____ Last Name: _____

Address:	City		State: Zip:		
Date of Birth://_	Marital Status:	Gender: _	Female _	Male	Non-Binary
Race/Ethnicity: American	IndianAsian/Pacific Islan	der Black	White	Hispani	c Other
Email:		Phone:			
Emergency Contact:	Relation	onship:	Phone:		
Back up Emergency Contact:	ncy Contact: Rela		Phone:		
	eo of SSC classes and events. Me ed, please let us know and we will	•			ess might be used. If
your children informed is critical to	o share with your adult children all o our mission of delivering you the vill keep them up to date with perio	best in programs, reso			
Name:	Address:		City:		
State:	Zip:	: Email:			
Basic membership includes L	embership Dues:Bas ifelong Learning & Enrichment class for basic members if regis embership includes all fitnes	programs plus selectoring in advance.	ct fitness class Walk-ins \$3 p	ses. Other f er class.	itness classes are \$2
	Please make check payable	e to: The Stamford	I Senior Cent	<u>er</u>	
	Stamford Senior Center, 888 W or pay online with a credit card	•	•)1
As a 501(c)3 not-for-profit	organization, the Stamford Sen support all the Would you like to make a do	e programs we offer			individuals to help
Yes, I'd like to	donate:\$10\$20	•	·		mount)
volunteers, and agree to hold each	and covenant not to sue The Stamford of them harmless from and as to any a e caused by, result from or are related Agreeme	nd all liability, losses, da	mages or costs of	of any kind or c	of any nature, including any
My signature below confirms that I above.	have read and agree to follow the S	SC Membership Guidel	lines and that I a	gree to the As	sumption of Liability
Printed Name:	Sign	nature:			