



SSC Membership / Renewal Form

Membership open to those 60 and older

All members must submit this confidential, mandatory form and remit membership dues every year 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 Indian ___ Asian/Pacific Islander ___ Black ___ White ___ Hispanic ___ Other

Email: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Back up Emergency Contact: _____ Relationship: _____ Phone: _____

We commonly take photos or video of SSC classes and events. Members who participate should know that their likeness might be used. If you object to your photo being used, please let us know and we will do our best to keep you out of the photo.

Annual Membership Dues: ___ Silver Member: \$30 ___ Gold Member: \$120

Silver membership includes Lifelong Learning & Enrichment programs plus select fitness classes. Other fitness classes are \$2 per class.

Gold Membership includes all of the above plus all other fitness classes for free

Please make check payable to: The Stamford Senior Center

Mail to: Stamford Senior Center, 888 Washington Blvd., 2nd Floor, Stamford, CT 06901
or pay online with a credit card or Paypal at www.stamfordseniorct.org

As a 501(c)3 not-for-profit organization, the Stamford Senior Center counts on the generous support of individuals to help support all the programs we offer.

Would you like to make a donation with your membership fee?

Yes, I'd like to donate: ___ \$10 ___ \$20 ___ \$40 ___ \$ 60 \$___ (enter another amount)

ASSUMPTION OF LIABILITY

I hereby release, waive, discharge and covenant not to sue The Stamford Senior Center, any of its officers, directors, employees, contracted instructors and volunteers, and agree to hold each of them harmless from and as to any and all liability, losses, damages or costs of any kind or of any nature, including any related to COVID-19, that are caused by, result from or are related in any way to my participation in any activities at or sponsored by The Stamford Senior Center.

Agreement of Participant:

My signature below confirms that I have read and agree to follow the SSC Membership Guidelines and that I agree to the Assumption of Liability above.

Signature: _____ Date signed: ____/____/____

OFFICE USE ONLY: Processed by: _____ Payment Method: Cash ___ Check ___ CC ___ Scholarship ___