



# 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  
In 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: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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.

From time to time, we would like to share with your adult children all the good things going on here at the SSC. Keeping the public, especially your children informed is critical to our mission of delivering you the best in programs, resources and services. Please take a moment to share their contact information and we will keep them up to date with periodic emails.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ : Email: \_\_\_\_\_

**Annual Membership Dues: \_\_\_ Silver Member: \$40 \_\_\_ Gold Member: \$130**

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

**Gold Membership includes all fitness classes for free (unless otherwise noted)**

**Please make check payable to: The Stamford Senior Center**

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)

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 activities at 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.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date signed: \_\_\_\_/\_\_\_\_/\_\_\_\_