PAID     INFO ENTERED     Member Card_     FAB     INIT
MASON COUNTY SENIOR ACTIVITIES ASSOCIATION
All Mailings: P.O. Box 1066 Street: 190 W. Sentry Drive Shelton, Washington 98584 Phone: 360-426-7374 Fax: 360-426-1955
2017 Membership Application and Agreement
<ul> <li>Welcome! We hope you enjoy making new friends and participating in our many activities, classes, trips and volunteer opportunities. MCSAA Members enjoy great benefits including:</li> <li>Our excellent Active Living Newsletter every month</li> <li>Free birthday Lunch on the third Friday in the month of your Birthday</li> <li>Birthday listing in the Newsletter and recognition on the Birthday Board the month of your Birthday</li> <li>Discounted Pricing on most trips and classes</li> <li>Exclusive access to some Center Classes, Trips &amp; Functions</li> <li>Discount at our Nifty Thrifty Thrift Store</li> <li>Your emergency information on file in case it is needed (it has been before) Annual Dues are \$30 per person, due each year by January 31st. Membership is for those 50 or better, however, spouses of a 50+ member, that are not yet 50, may join as an Associate (non voting) member. Make checks payable to M.C.S.A.A. (Mason County Senior Activities Association)</li> <li>Please, PRINT all information CLEARLY</li> <li>FIRST NAME:</li></ul>
LAST NAMENICKNAME
DATE OF BIRTH://
CELL EMAIL ADDRESS @ [ Check One: I prefer to receive my monthly Active Living newsletter by Regular US Mail Please save the cost of US Mail and email my Active Living newsletter I want to save MCSAA Postage, I'll see Active Living on their web site MAILING ADDRESS:,, zip
In <u>C</u> ase of <u>E</u> mergency (Please fill this optional information out. Our members who have needed us to call for help have been thankful that they did) Name:
ship Phone #: Cell Cell Phone #: Physician Phone #: Shift and the sh
Hold Harmless Agreement: I freely and knowingly assume the risks inherent in my participation in all activities, in- cluding all classes, travel and volunteer duties. I do hereby agree to indemnify, release, and hold Mason County Senior Activities Association, a WA non-profit corporation, doing business as Mason County Senior Activities Center & Nifty Thrifty, it's employees, volunteers, officers, board members and other persons or organizations harmless from and against any and all liability for any injury, loss of property, damages, or death, which may be suffered by me, or my Guests, arising out of, or in any way connected with volunteering or participating in any activities at the Center, Cen- ter sponsored activities at other locations, or while traveling with the Center, in the Center's bus or under it's auspices. Specifically, I understand that Mason County Senior Activities Association provides no medical insurance, and that I am responsible for the cost of treatment for any injury to me or my Guests. Furthermore, I acknowledge that I am being strongly advised to consult a licensed physician prior to my participa- tion in the activities that I have chosen, to determine their suitability and safety given my current medical condition. In addition, I acknowledge that MSCAA is not responsible for reminding me of activities that I have signed up for.

Photos/Video/Audio Release: I am aware that the Center activities are occasionally photographed by Center representatives the media and others, and that still photos, and/or audio and video recordings may be made to help promote the Center's non-profit mission, and fundraising efforts. I hereby give my permission for me to be photographed and recorded while participating in Mason County Senior Activities Association activities.

**Thank you for joining**... Your membership dues help provide services and programs to the Mason County Community. We are completely self funded by Nifty Thrifty, Pavilion Rentals, Members, Donors & Sponsors.

Signature \_\_\_\_\_

SCHEDULED

## Volunteers are the Heart and Soul of our Center.

If you would like to volunteer your talents to our organization, please check those areas where you would like to help below.

## Volunteer Questionnaire

Activities of interest or Skills you Possess- Please check al	ll that apply & fill in any blanks that apply
Serve on the MCSAA Board	
Membership (or other) Committee	□ Volunteer to help with Special events
Newsletter Publication	□ Facility Management
Web Page updates	a. Electrical
□ Social Media Sites/Updates	b. Plumbing
Teaching Computer Classes: Beg/Inter or Adv	c. Carpentry
□ Teach Class (fill in your skill)	d. Handyman/Repairs
Teach Genealogy Class	e. Painting
☐ Teach a Health/Diet/Nutrition Related Class	f. Janitorial
□ Teach a writing class	g. Garden/Grounds
Teach a exercise class	□ Clerical/Secretarial
□ Reception Desk (answering phones, taking money,	a. Data Entry
trips, registering new members)	b. Letter Writing
□ Host (Make Coffee/tea/ maintain treats & utensils)	c. Posters & Forms
Cook/clean/prep for Friday Lunches	d. Emails
Pavilion Event Chaperone	f. Excel/Word/Publisher
□ Volunteer to help with Special events	g. Transcribe Minutes/ Take Dictation
Cook/clean/prep for Special Events	☐ Miscellaneous
Decorate/Set up for Special Events	a. Legal
□ Book/Provide entertainment	b. Grant Writing
□ Newsletter & Flyer distribution	c. Fundraising
□ Newsletter folding, sealing & mailing	d. Budgets/Bookkeeping
□ Bingo Caller/set-up/take down/Karaoke Host	e. Event Planning & Organization
□ Provide Haircuts at the Center	f. Finance & Accounting
Potluck Help	Your Ideas:
Decorate the Center for seasonal cheer	
☐ Make Crafts to sell or decorate	
<ul><li>Photography (take pictures at events and of Members)</li></ul>	
□ Trip Driver (must have clean driving record)	
□ Volunteer to help with Special events	
Community Ambassadors	
$\Box$ I hereby authorize a background check to be done for insurance	
Signature	
DATE:// 201	
Print Name:	DOB://
PHONE #	