

PAID

INFO ENTERED

Member Card\_

FOB

INIT \_\_\_\_\_

# MASON COUNTY SENIOR ACTIVITIES ASSOCIATION



190 W. Sentry Drive  
 Shelton, Washington 98584  
 Phone: 360-426-7374 Fax: 360-426-1955  
 www.mcsac.net



## 2022/2023 Membership Application and Agreement

**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:

- Our excellent Active Living Newsletter every month
- Free birthday Lunch on the third Friday in the month of your Birthday
- Discounted Pricing on most trips and classes
- Exclusive access to some Center Classes, Trips & Functions
- Discount at our Nifty Thrifty Thrift Store
- Your emergency information on file in case it is needed

Annual Dues are \$40 per person and non-refundable. 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)

**Please, PRINT all information CLEARLY**

FIRST NAME: \_\_\_\_\_ MIDDLE \_\_\_\_\_

LAST NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female PHONE: \_\_\_\_\_

CELL \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_ @ \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, zip \_\_\_\_\_

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

**In Case of Emergency** ( Please fill this optional information out. Our members who have needed us to call for help have been thankful that they did)

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell \_\_\_\_\_

Physician \_\_\_\_\_ Phone #: \_\_\_\_\_

Ethnicity \* Circle One **Caucasian** **African American/Black** **Hispanic/Latino** **Asian**  
**Middle Eastern** **Pacific Islander** **Native American/Alaskan** **Other**

\*All Information is kept confidential but is useful for reporting anonymous statistics for Grant applications and other funding. Your cooperation is most appreciated.

*Hold Harmless Agreement: I freely and knowingly assume the risks inherent in my participation in all activities, including 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, Center 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 participation 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 \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/20\_\_

Last Name, First

Member #

New Member

Renewal

Key Tag X

SCHEDULED

WSP Check Completed

**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 all that apply &amp; fill in any blanks that apply

- Serve on the MCSAA Board
- Newsletter Publication
- Newsletter and Flyer Distribution
- Newsletter folding, sealing, & labeling
- Teaching Computer Classes: Beg/Inter or Adv
- Teach \_\_\_\_\_ Class (fill in your skill)
- Teach Genealogy Class
- Teach a Health/Diet/Nutrition Related Class
- Teach a writing class
- Teach a \_\_\_\_\_ exercise class
- Reception Desk (answering phones, taking money, trips, registering new members)
- Host (Make Coffee/tea/ maintain treats & utensils)
- Volunteer to help with Special events
- Cook/clean/prep for Special Events
- Decorate/Set up for Special Events
- Provide entertainment
- Newsletter & Flyer distribution
- Bingo Caller/set-up/take down/Karaoke Host
- Potluck Help
- Decorate the Center for seasonal cheer
- Make Crafts to sell or decorate
- Photography (take pictures at events and of Members)
- Trip Driver (must have clean driving record)

Volunteer to help with Special events

Facility Management

- a. Electrical
- b. Plumbing
- c. Carpentry
- d. Handyman/Repairs
- e. Painting
- f. Janitorial
- g. Garden/Grounds

Clerical/Secretarial

- a. Data Entry
- Are you computer literate? Y N
- b. General office help—filing/shredding

Miscellaneous

- a. Grant Writing
- b. Fundraising

 Your Ideas:

\_\_\_\_\_

**I hereby authorize a background check to be done by the W.S.P. Watch for the purpose of working with vulnerable adults and our insurance. This is required for any and all positions.**

Signature \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / 20\_\_

PHONE # \_\_\_\_\_

Print Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Any other names used? \_\_\_\_\_

Additional information we might find useful? \_\_\_\_\_

Last Name, First

Member #

New Member

Renewal

Key Tag X