

Hillyard Senior Center

4001 N. Cook
(509) 482-0803



"Where Friends Meet Friends"

Hillyard Senior Center – Membership Registration Form:

Name: _____ Phone Number: _____

Address: _____ Membership Cost: **(\$20 or \$30 per couple)**
Renews every January

City: _____ State: _____ Zip: _____ Date of Birth: ___ / ___ / _____

Emergency Contact Name: _____

Mail Check or Money Order To:
Hillyard Senior Center
4001 N. Cook St.
Spokane, WA. 99207



Emergency Phone: _____

E-mail Address: _____

The following information is voluntary and will only be used to support data requested by any grantors contracted with the Hillyard Senior Center for financial support. It should be understood that any information collected in this section in regards to ethnicity, income, and or race is done so at a grantor's request. This information will be strictly confidential.

Please Check any of the following that may apply:

ETHNICITY:

Hispanic or Latino _____ NOT Hispanic or Latino _____

RACE: (Check from the following)

White _____ Asian _____
Black / African American _____ Asian & White _____
Black / African American & White _____ Native Hawaiian / Other Pacific Islander _____
American Indian/ Alaskan Native _____ American Indian/ Alaskan Native & Black / African American _____
American Indian/ Alaskan Native & White _____ Other _____

INCOME: (Please circle applicable Income under your Family Size)

<u>Income & Number in your Household:</u>					
<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
\$13,300	\$15,200	\$17,100	\$19,000	\$20,550	\$22,050
\$22,200	\$25,400	\$28,550	\$31,700	\$34,250	\$36,800
\$28,850	\$33,000	\$37,100	\$41,200	\$44,550	\$47,850

Check if you are the
HEAD OF HOUSEHOLD:
Female _____
Male _____