



Washington State Association of Senior Centers

2025 Membership Application

New** Referred by: _____ Renewal My information has changed, please update!

Name: _____ Title: _____

Organization / Senior Center: _____ Non-profit City

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Physical Address (if different): _____

City: _____ County: _____ State: _____ Zip: _____

Center Phone: _____ Direct Phone: _____

Other Phone: _____ Email: _____

Membership Benefits include:

• Networking with professional peers	• Program best practices
• First to know about conference registration	• Sharing & access to resources
• Education & Training	• Job Postings
• Opportunity for involvement in the organization's growth	• Legislative representation and involvement

2025 Membership Levels	
<input type="checkbox"/> Senior Center Individual (one staff person or volunteer)	\$50
<input type="checkbox"/> Senior Center Value Membership (includes 8 senior center staff or individuals)	\$100
<input type="checkbox"/> Business Affiliate	\$200
<input type="checkbox"/> Age 55+ or Student	\$25

Are you interested in volunteer opportunities with the Association? Yes No

I/we want to add a donation to our membership of \$_____

Registration can be completed online at the link [HERE](#).

Washington State Association of Senior Centers

PO Box 11, North Bend WA 98045 | www.wsasc.org | kiraa@soundgenerations.org

Complete if this is a senior center or senior organization registration:

2. Name: _____ Title: _____

Direct Phone: _____ Email: _____

3. Name: _____ Title: _____

Direct Phone: _____ Email: _____

4. Name: _____ Title: _____

Direct Phone: _____ Email: _____

5. Name: _____ Title: _____

Direct Phone: _____ Email: _____

6. Name: _____ Title: _____

Direct Phone: _____ Email: _____

7. Name: _____ Title: _____

Direct Phone: _____ Email: _____

8. Name: _____ Title: _____

Direct Phone: _____ Email: _____