

2018-19 Edward King House Membership Form

Membership Valid Now through June 30, 2019

Full Name:			
Street Address:			
City, State, Zip			
Home Phone		Cell Phone	
Email			
Birthdate			

Emergency Contact Info

Full Name:			
Relationship to member:			
Phone:			

Please complete this form in its entirety. Even if you have no changes from last year, it is very important that we have up to date emergency contact information. Thank you.

Choice of Support:

- \$25 Single Membership (BEFORE July 30, 2018)
 \$30 Single Membership (AFTER July 30, 2018)
 \$0 Over 90 years of age!

- I prefer my newsletter by email only
 I prefer my newsletter deliver by mail only



EDWARD KING
HOUSE

Total Enclosed I believe in the work of the EKH and wish to donate: \$_____

Please make checks payable to: Edward King House

I understand and agree that neither the Edward King House Senior Center, nor its trustees, representatives, employees, and agents may be held liable in any way for an occurrence in connection with any activity which may result in injury, harm, or other damages to the undersigned or members of our organization and guests, invited or not. I also agree to have my photo or video taken to be used for publicity purposes.

Member Signature: _____



Register for your membership online
at www.edwardkinghouse.org