

# Join ORCAS SENIOR CENTER (OSC) NONPROFIT Today!

RETURN FORM VIA MAIL:  
PO Box 1653  
Eastsound, WA 98245  
OR VISIT US AT:  
62 Henry Road, Eastsound  
www.orcasseniors.org

Please select one (1) membership level below:

\$500	Gold Premier—COUPLE	Benefits include Free room rentals, Free transportation fee for off-island field trips, Free use of the Athletic Club pass, Free access to most classes held at OSC, Free coffee on Mondays until noon at Island Market, and 10% discount at Ray's Pharmacy.
\$300	Gold Premier—SINGLE	
\$200	Prime—COUPLE	Benefits include Free use of the Athletic Club pass, Free access to many classes held at OSC, Free coffee on Mondays until noon at Island Market, and 10% discount at Ray's Pharmacy.
\$125	Prime—SINGLE	
\$50	Standard—COUPLE	Benefits include discounted access to the Athletic Club, 10% discount at Ray's Pharmacy, Free coffee on Mondays until noon at Island Market, and member only rates for classes held at OSC.
\$30	Standard—SINGLE	

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*No senior will be denied access to membership due to inability to pay. Scholarships are available for those who need them. Please contact 360-376-7929 or admin@orcasseniors.org for more information.*

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I/We wish to make an additional contribution to support OSC (Please select only one):

\$500  \$250  \$100  \$50  \$25  Other: \_\_\_\_\_

Thank you for your contribution to OSC, a 501(c)3 nonprofit organization! All gifts are tax deductible.

**NEW members referred by:** \_\_\_\_\_

**FIRST MEMBER**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

YES! I am interested in volunteering for OSC.

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How would you like to receive our newsletter?  Mail  Email  I/We do not wish to receive one.

**SECOND MEMBER**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

YES! I am interested in volunteering for OSC.

**FOR OFFICE USE ONLY:** Membership Amount: \$\_\_\_\_\_ Donation Amount: \$\_\_\_\_\_ Payment by:  Cash  Check # \_\_\_\_\_  
Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_