

# COASTAL SENIORS

OF SOUTH WALTON

## CSSW MEMBERSHIP APPLICATION / DONATION FORM 2021

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

Local Walton County Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Your contact information will only be used for sending information about CSSW activities/events. Contact information will not be shared.

Is this your primary address? \_\_\_\_\_ If not, how many months per year? \_\_\_\_\_

Birthday (month/day) \_\_\_\_\_ Would you like to volunteer? \_\_\_\_\_

How did you hear about CSSW? \_\_\_\_\_

What activities / special interests do you enjoy?

### Annual Membership Dues (please select membership level):

Individual (\$20.00) \_\_\_\_\_ Family (\$30.00) \_\_\_\_\_

Non Profit (\$35.00) \_\_\_\_\_ Business (\$50.00) \_\_\_\_\_

I agree to hold Coastal Seniors of South Walton, Inc. free from any/all liability, including financial responsibility, for injuries that may occur during participation in CSSW activities/events. I give permission for my name and any photos taken at CSSW events to be used for publicity.

Signature \_\_\_\_\_

### Donation:

Donation Amount \$ \_\_\_\_\_

Coastal Seniors of South Walton is a 501(c)(3) not-for-profit organization. Your donation is tax deductible as allowed by law.

Please mail this completed form and your dues/donation check to us at:  
Coastal Seniors of South Walton, P.O. Box 1476, Santa Rosa Beach, FL 32459