

COASTAL SENIORS

OF SOUTH WALTON

CSSW MEMBERSHIP APPLICATION / DONATION FORM 2022

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