

COASTAL SENIORS

OF SOUTH WALTON

CSSW Membership Application/Donation Form 2024

First Name: _____ Last Name: _____

Local Walton County Address:

Telephone #: _____ Email address: _____

How did you hear about our group? _____

What are your special interests and what classes/activities do you enjoy?

Would you like to become a volunteer? _____

Membership level:

Single (\$30) _____ Family (\$40) _____

Non-Profit (\$35) _____ Business (\$75) _____

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

Signature _____

Coastal Seniors of South Walton, Inc. Is a 501 (c)(3) non-profit organization.

Donation Amount \$ _____

Please mail this completed form and a check made payable to: Coastal Seniors of South Walton, Inc., P.O. Box 1476, Santa Rosa Beach, FL 32459. Cash and credit cards are also accepted.