

COASTAL SENIORS

OF SOUTH WALTON

CSSW Membership Application/Donation Form 2026

First Name: _____ Last Name: _____

Zip Code _____ Phone _____

Email address: _____

How did you hear about our group? _____

What special interests or activities do you enjoy? _____

Would you like to become a volunteer? _____

Membership level:

Single (\$30 per year) _____ Family (\$50 per year) _____

Non-Profit (\$35 per year) _____ Business (\$100 per year) _____

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. We accept cash in person and credit cards by phone, 850-280-5342. Payments accepted on-line at www.coastalseniorsofsouthwalton.org.