

Gleneden Beach Community Club Membership Application for 2025

Name: _____

Gleneden Beach Address:

P.O. Box #: _____

Physical Address: _____

Telephone #: _____ Text OK? Yes ___ No ___

E-Mail Address: _____

Out of town address _____

City: _____ State: _____ Zip Code: _____

Single \$10.00 per year / Family \$20.00 per year (all family members must reside at the same address)

Membership is for January 1st to December 31st, 2025.

I consent to have information listed on this form used solely by the Gleneden Beach Community Club members. No information shall be released to the public.

Yes ___ No ___ Date: _____

We appreciate your financial support through our membership fees.

Especially important to the life of the Club are the volunteers for our events.

Would you be willing to help with a Club event this year? Yes No

- Monthly Breakfast
- Spring Garage sale
- Building maintenance
- Social events (potlucks, bingo, art days, etc)

If mailing, mail application to:

GBCC Membership Coordinator PO Box 301
Gleneden Beach, OR 97388-0301

with a check for the correct amount made out to "GBCC".

Gleneden Beach Emergency Preparedness Committee Neighborhood Information

In the event of an emergency, we want to know which neighbors are likely to be home so that we can check on your welfare first and inform first responders if need be. **This information will not be used for any other purpose.** Please complete this form and return it at monthly breakfast or any event at the Community Center. Thank you.

Today's Date: _____

Name: _____

Number of People: _____

Street Address: _____

Name: _____ Age: _____

Name: _____ Age: _____

Cell Phone: _____

Name: _____ Age: _____

(Optional-Will only be used in an emergency)

Name: _____ Age: _____

Pet: _____ Name: _____

Pet: _____ Name: _____

Resident: Full Time _____ Part Time _____

Do you have mobility, health, or other issues that may require immediate assistance?

Yes: _____ No: _____ If yes, please describe what you will need: _____

Other information we may need to know: _____

If you have skills/interests or supplies you would be willing to share with us in the case of an emergency, please add them below.

SKILLS:

- Carpenter
- Child Care Skills
- Coordinating & Organizing Skills
- Crisis Counseling
- Elder Care Skills
- Electrician
- Fire Fighting
- First Aid Skills
- Ham Radio
- Plumber Skills
- Search and Rescue
- Other (please specify)

SUPPLIES:

- Camp Stove/Fuel
- Chain Saw
- Crow Bar
- Fire Extinguisher
- First Aid Supplies
- Gas Shut-off Tool
- Generator
- Ham Radio
- Ladder
- Strong Rope
- Tarps
- Tents/Spare Bedding
- Walkie-Talkie
- Other (please specify)