

Anchorage Senior-^{Activity}Center

2016 LIFETIME MEMBERSHIP FORM

1300 East 19th Avenue, Anchorage, Alaska 99501

Telephone: (907) 770-2000 Facsimile: (907) 278-2454

Web: www.anchorageseniorcenter.org

For Office Use Only		
Date:		
Credit Card:		
Check No.:		
Cash:		
Amt. Paid:		
Initials:		
Age	Individual	Couple
50 - 60	\$1,050	\$1,875
61 - 65	\$900	\$1,575
66 - 70	\$750	\$1,275
71 - 75	\$600	\$1,050
76 - 80	\$450	\$750
81 - 84	\$300	\$525
85+	\$150	\$262.50

I am currently a member (Deduct current annual fee paid)

I am not currently a member but would like to become a Lifetime Member

Married
 Single

Circle type of Lifetime Membership to the right

Do you want to receive the **Newsletter** electronically 'or' US Mail?

Can ASAC **publish your birthday** in ASAC material? Yes 'or' No
*Not the year, only the month and day

Comment: _____

Note: Lifetime member must be age 50+. Couple must be living at the same residence. If a couple falls into two age brackets, ages are averaged together. In some cases it may be more economical to purchase 2 Single Lifetime memberships. **Example:** Son or Daughter 50+ lives with Parent, Roommates with varying ages, etc.

Lifetime Applicant

Revised November 2015

Name: _____ Male Female Birthdate: _____

Email: _____ Contact Number: _____

Spouse/Partner Name: _____ Birthdate: _____

Email: _____ Contact Number: _____

Mailing Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Relationship: _____

Telephone Number/s: _____

In addition to the above membership I would like to make a donation to the Anchorage Senior Activity Center:

Membership Fee \$ _____ + Donation to Operating Budget \$ _____ + Endowment Donation \$ _____

Total Paid \$ _____ Types of payment available - Cash/Check/Credit Card (Visa/MasterCard Only)

Circle payment method Cash / Check # _____ / Credit Card - Last 4 on card # _____

Credit Card Payment: Please make either in person or by calling accounting direct at (907) 258-7823 ext.112

If you are a New Member how did you hear about the Anchorage Senior Activity Center?

Website Flyer Downtown Market ASAC Booth off-site Other: _____

Friend, Family, etc.... Name of who we can thank for the referral: _____

*Please fill out additional information on the reverse side as applicable

First Name:

Last Name:

Membership Type: **LIFETIME**

For Office Use - Date:

Please note your racial/ethnic heritage (Information is used for statistics, funding and grant writing purposes only).

Your Race/Ethnicity**:	Spouse or 2nd applicants Race/Ethnicity**:
Work Experience/Fields:	Work Experience/Fields:
Skills, 2nd Language, etc.:	Skills, 2nd Language, etc.:
Veteran: Y N Branch of Service:	Veteran: Y N Branch of Service:

****Optional: Information is used for statistics, funding and grant writing purposes only.**

Would you be interested in Volunteering at the Anchorage Senior Activity Center? YES _____ NO _____
Please ask about the many opportunities, pick up a volunteer form 'or' contact our volunteer coordinator at 770-2032.

Release of Recordings Waiver: I hereby give Anchorage Senior Activity Center (ASAC) consent for the right to use photographs, video, an audio including my voice taken of me while participating in Fitness classes, programs and events of ASAC. I understand that these may be used for reproduction of advertising, trade, display, exhibitions, or editorial use. Examples of these publications may include but are not limited to newsletters, brochures, reports, websites, slideshows, Power Point presentations, program photo albums, and/or audio-visual public service announcements. No media shall be used for exploitation or promotion of activities unrelated to ASAC events and programs.

I consent _____ I "do not" consent _____

Please Print your name: _____

Signature: _____ Today's Date: _____

Membership dues are not refundable or transferable

******For Office Use Only******

MSC Keycard/s Assigned:

Date Received in Membership: _____ Input Completed by: _____

Comments:

____ MSC ____ Groups ____ Exp.Date ____ NL (Yes/No) ____ Flags ____ Soc.Hr ____ NAPIS ____ QB's Verified