


First Name:	Anchor-Age Center, Inc.  <b>Activity</b> <b>Anchorage Senior-Center</b> <b>2016 Annual Membership Form</b> 1300 E 19th Ave, Anchorage, AK 99501 Main: (907) 770-2000 Fax: (907) 278-2454 membership@anchoragecenter.org www.anchoragecenter.org					For Office Use Only																							
						Date:		Reduced Fee Waiver:		Credit Card:		Check No.:		Cash:		Amt. Paid:		Initials:											
Last Name:	New Member <input type="checkbox"/> Renewal <input type="checkbox"/> Rejoining <input type="checkbox"/>																												
	Annual membership expires the last day of the month - 12 months from receipt of payment - and is \$75 for one person or \$135 for two people living at the same address.* <b>Membership dues are not refundable or transferable.</b>																												
Membership Type:	<b>***Please Print***</b>																												
	<b>APPLICANT 1</b>							<b>APPLICANT 2</b> (Same Residence - Couples Membership Only)																					
Mr.			Mrs.			Ms.			Sr.			Jr.			Mr.			Mrs.			Ms.			Sr.			Jr.		
Other Title:							Other Title:																						
<b>Male</b>			<b>Female</b>				<b>Male</b>			<b>Female</b>																			
Full Name:							Full Name:																						
Nickname:				Date of Birth:			Nickname:				Date of Birth:																		
Is it ok to publish your birthday? Yes No							Is it ok to publish your birthday? Yes No																						
Email:							Email:																						
Your Phone Number:							Your Phone Number:																						
Your Race/Ethnicity**:							Your Race/Ethnicity**:																						
<b>**Optional: Information is used for statistics, funding and grant writing purposes only.</b>																													
Physical Address:																													
City:					State:					Zip:																			
If the mailing address is the same - Write "Same" below																													
Mailing Address:																													
City:					State:					Zip:																			

(Please fill out page 2)

\*Reduced Annual Membership of \$15 is available for those who qualify.

Emergency Contact (If an emergency happens to you while at ASAC, who should we contact?):			
Relationship:		Telephone Number:	
Interests & Hobbies:		Interests & Hobbies:	
Veteran: Yes	Branch:	Veteran: Yes	Branch:
<b>Would you be interested in Volunteering?</b>		<b>Would you be interested in Volunteering?</b>	
<b>Yes</b>		<b>Yes</b>	
<b>How did you hear about us?</b>			
<p><b>Recordings:</b> The Anchorage Senior Activity Center (ASAC) occasionally photographs, videos, and/or audio records onsite classes, programs and events. I understand that these may be used for 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.</p>			
Signature:		Signature:	
Date:		Date:	
<p><b>Our Mission Statement:</b> The mission of the Anchor-Age Center, Inc. is to enhance the quality of life of seniors by managing a well-equipped facility with a skilled staff who promote fitness, health and social interaction in a wide range of activities and services.</p>			
<b>Category</b>		<b>Annual Dues</b>	<b>Vote at Annual Meeting</b>
General		\$75	Yes
Couples (Two members at the same mailing address)		\$135	Yes
Associate (Age Under 50)		\$75	No
Associate Couple (Both are under 50)		\$135	No
Reduced Annual Membership*		\$15	Yes
Associate Reduced Annual Membership* (Age Under 50)		\$15	No
(*Must provide proof of meeting income guidelines)			
Lifetime Memberships are available at 50 years or older.			
<b>****For Office Use Only****</b>			
MSC Keycard/s Assigned Applicant 1:		Applicant 2:	
Date Received in Membership:		Input Completed by:	
____ Mail Route Field    ____ Groups    ____ Group Expiration    ____ Borealis Spreadsheet ____ Flags    ____ Soc. Hr    ____ NAPIS    ____ QB's Verified			