

Please do not use previous versions

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Membership Type: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 For Membership Use Only: \_\_\_\_\_

Anchor-Age Center, Inc.		<b>Activity</b> <b>Anchorage Senior-Center</b> <b>Annual Membership Form</b> 1300 E 19th Ave, Anchorage, AK 99501 Main: (907) 770-2000 Fax: (907) 278-2454 membership@anchoragecenter.org www.anchorageseniorcenter.org		<b>For Office Use Only</b>	
		Date:			
		Reduced Fee Waiver:			
		Credit Card:			
		Check No.:			
		Cash:			
		Amt. Paid:			
		Initials:			
		New Member	Renewal	Rejoining	
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>					
<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:		
Male	Female		Male	Female	
Full Name:			Full Name:		
Nickname:		Date of Birth:		Date of Birth:	
Is it ok to publish your birthday? Yes <input type="checkbox"/> No <input type="checkbox"/>			Is it ok to publish your birthday? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Email:			Email:		
Would you like the Senior Borealis Newsletter by <b>email</b> OR <b>mailed</b> (Paper Copy)					
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.

Please do not use previous versions

Emergency Contact (If an emergency happens to you while at ASAC, who should we contact?):		
Relationship:	Telephone Number:	
Primary Applicant's Interests & Hobbies:	Applicant 2's Interests & Hobbies:	
<b>Veteran?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Branch:	<b>Veteran?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Branch:	
<b>Would you be interested in Volunteering?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Would you be interested in Volunteering?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>How did you hear about us or who referred you to ASAC?</b>		
<p><b>Recording Waiver:</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 Anchorage Senior Center Activity Center is to enhance the quality of life of Alaskans by promoting fitness, health and wellness, and social interaction.</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
Discounted Annual Membership*	\$15	Yes
Associate Discounted 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 Input Completed:	Input Completed by:	
____ Mail Route Field    ____ Groups    ____ Group Expiration    ____ Flags		