



WASILLA AREA SENIORS MEMBERSHIP APPLICATION

- ** Voting members must be fifty-five (55) years of age or older.
- ** Supporting members may be any age but may not vote.
- ** Membership is based on a calendar year and is renewable each year in December.
- ** Members in good standing are eligible to vote at the annual meeting in October.
- ** Dues are \$20 per fiscal year or \$150 for a Lifetime Membership, per person.

ALL INFORMATION PROVIDED ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL.

Name: _____

Address: _____ City _____ Zip: _____

Phone: _____ Birthdate: _____ E-mail: _____

If you would like to receive your newsletter by e-mail: YES ___ NO ___

Contact in case of emergency: _____ Phone: _____

Doctor Name: _____

Please complete the following questions for us. This information assists WASI in obtaining funding, and in grant reporting. (Answers are voluntary)

What is your ethnic background?

Alaska Native ___ Asian ___ Black ___ Hispanic ___ White ___ Other _____

How many in your household? _____

Our programs depend on volunteer help and we encourage you to become involved in the Senior Center. Is there a particular area you would be interesting in helping with: _____

Please answer the following two questions. **Leaving the answers blank will be interpreted as you saying NO.**

Periodically WASI prints, and distributes to its members, a membership phone book. Do you want your name, address, and phone number in this book? YES ___ NO ___

Each month, in our newsletter, we print the names and birthdays, (not years), of those members celebrating a birthday that month. We also announce the names during the birthday lunch. Do you want to be recognized in this manner during the month of your birthday? YES ___ NO ___

Thank you and enjoy the full benefits of our great senior center.

DATE: _____ SIGNATURE: _____

<u>Official Use Only</u>				
Receipt ___	Mbr. Card ___	Flyer ___	Mail ___	Computer ___
Renewal Date _____				