

Membership Information

Office Use Only: Entered on: _____ by _____



FD Init:
AM _____
PM _____

Date: _____

Our Alexandria senior Center's mission is "To support healthy, active living for people over 50 by providing social, educational, nutritional and information services." Thank you for your support!

Name: _____ Zip: _____

Address: _____ City: _____ St _____

Home Phone: _____ Township: _____

<p>Member #1 First Name: _____</p> <p>Birthday #1 (MM/DD/YYYY): ____/____/____</p> <p>Cell Phone #1: _____</p> <p>E-mail #1: _____</p> <p>KeyCard #1: _____</p> <p><input type="checkbox"/> Replacement <input type="checkbox"/> New Card <input type="checkbox"/> Current</p> <p>Thrivent Member #1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Receive Text Messages #1 ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Monthly Newsletters #1: <input type="checkbox"/> Snail Mail <input type="checkbox"/> E-Mail <small>(enter e-mail address above)</small></p> <p>Volunteering #1- Interested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are You a Military Veteran? #1 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what special skills do you have to share? _____ <small>e.g. , carpenter, plumber, technology, accountant, event planner, computer, office, web master, etc.)</small></p> <p>Photo-Video Permission for #1 <input type="checkbox"/> Yes <input type="checkbox"/> No Do you agree to permit Alex Sr Ctr to use any photo/video taken, that you may be captured in, for publications or promotional materials?</p>	<p>Member #2 First Name: _____</p> <p>Birthday #2 (MM/DD/YYYY) : ____/____/____</p> <p>Cell Phone #2: _____</p> <p>E-mail #2: _____</p> <p>KeyCard #2: _____</p> <p><input type="checkbox"/> Replacement <input type="checkbox"/> New Card <input type="checkbox"/> Current</p> <p>Thrivent Member #2? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Receive Text Messages #2 ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Monthly Newsletters #2: <input type="checkbox"/> Snail Mail <input type="checkbox"/> E-Mail <small>(enter e-mail address above)</small></p> <p>Volunteering #2- Interested? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are You a Military Veteran? #2 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what special skills do you have to share? _____ <small>e.g., carpenter, plumber, technology, accountant, event planner, computer, office, web master, etc.)</small></p> <p>Photo-Video Permission for #2 <input type="checkbox"/> Yes <input type="checkbox"/> No Do you agree to permit Alex Sr Ctr to use any photo/video taken, that you may be captured in, for publications or promotional materials?</p>
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Snowbirds: Do you want monthly newsletters sent to your winter address? Yes No **If yes, please enter address on the back of this form.**

Extra Donation: \$ _____ Cash Personal Check # _____ Credit Card (use form below)

1 Year Membership: New Member Personal Check Credit Card (use form below)
 Individual = \$25 Couple= \$40 Cash Personal Check # _____
(make payable to Alexandria Senior Center)

Credit Card: _____
Card number Visa Mastercard AmEx Discover

Expiration Date (MM/YY): ____/____ CVV Code: _____

Signature _____

Total: _____

Please provide your cell phone number to automatically receive a receipt of your credit card transaction
 (_____) _____ or Email: _____
area code

Drop off or Mail membership form to: Alexandria Senior Center, 414 Hawthorne Street, Alexandria, MN 56308 or call 320-762-2087.

SNOWBIRD INFO:

Departure month/date: _____

Return month/date: _____

Winter Address:
