

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: _____

Member #1 First Name: _____

Birthday #1 (MM/DD/YYYY): ____/____/____

Cell Phone #1: _____

E-mail #1: _____

KeyCard #1: _____

Replacement New Card Current

Thrivent Member #1? Yes No

Receive Text Messages #1 ? Yes No

Monthly Newsletters #1: Snail Mail E-Mail
(enter e-mail address above)

Volunteering #1- Interested? Yes No

Are You a Military Veteran? #1 Yes No

If yes, what special skills do you have to share?

e.g., carpenter, plumber, technology, accountant, event planner, computer, office, web master, etc.)

Photo-Video Permission for #1 Yes 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?

Member #2 First Name: _____

Birthday #2 (MM/DD/YYYY) : ____/____/____

Cell Phone #2: _____

E-mail #2: _____

KeyCard #2: _____

Replacement New Card Current

Thrivent Member #2? Yes No

Receive Text Messages #2 ? Yes No

Monthly Newsletters #2: Snail Mail E-Mail
(enter e-mail address above)

Volunteering #2- Interested? Yes No

Are You a Military Veteran? #2 Yes No

If yes, what special skills do you have to share?

e.g., carpenter, plumber, technology, accountant, event planner, computer, office, web master, etc.)

Photo-Video Permission for #2 Yes 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?

Snowbirds: Do you want monthly newsletters sent to your winter address? Yes No

If yes, please enter address on the back of this form.

1 Year Membership: New Member Renew Membership

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 _____

Signature _____

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:
