

# Membership Information



FD Init: \_\_\_\_\_

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(s): \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St \_\_\_\_\_

Home Phone: \_\_\_\_\_ Township: \_\_\_\_\_

Member #1: First Name: \_\_\_\_\_

Birthday (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Key Card #1: \_\_\_\_\_

 Replacement Card     New Card     Current
Receive Text Messages?     Yes     NoAre you a military veteran?     Yes     No

Member #2: First Name: \_\_\_\_\_

Birthday (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Key Card #2: \_\_\_\_\_

 Replacement Card     New Card     Current
Receive Text Messages?     Yes     NoAre you a military veteran?     Yes     No
**Monthly newsletters:**     Mail    or     E-Mail (enter email address above)    Thrivent Member?  Yes     No
Are you interested in Volunteering?     YES     NO

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

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

**SNOWBIRDS** – Departure date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Do you want a newsletter mailed to you for winter months? \_\_\_\_\_

If yes, please list winter address.: \_\_\_\_\_

**1 Year Membership:**
 Individual = \$25     Couple = \$40
 New Member Cash Renew Membership
 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 or e-mail to automatically receive a receipt of your credit card transaction

 (\_\_\_\_\_) \_\_\_\_\_ or Email: \_\_\_\_\_  
area code