

Membership Application 2020



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 _____ Phone _____

Address _____ City _____ St _____ ZIP _____

Age Category (for programming purposes only) : 50 - 64 _____ 65 - 79 _____ Over 80 _____

Birthday (month & day only) _____ Email _____

New Member _____ Renew Membership _____ Are you a military veteran? ____Yes ____No

Are you interested in Volunteering? ____Yes ____No

If Yes, what special skills do you have? _____
(e.g. carpenter, plumber, technology, accountant, singer, etc.)

SNOWBIRDS - Circle the months you're gone: OCT NOV DEC JAN FEB MAR APR MAY

Do you want newsletter mailed to you for winter months? If yes, please list winter address:

My winter address is: _____

1 Year Membership (Expires 12/31/20) **Individual = \$20** **Couple = \$30**

☐ **Personal Check** (made payable to the Alexandria Senior Center)

☐ **Credit card**

Card number _____ ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

_____/_____
Expiration Date (MMYY) CVV Signature _____

Please provide your email address (above) to automatically receive a receipt of your credit card transaction or please provide your cellular phone number _____ if you would like your receipt texted to you.

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