



Membership Application

Membership is open to residents of Alaska, fifty (50) years of age or older. A membership card can be issued to new members, upon request. Renewals are updated at each calendar year thereafter.

Memberships run on a calendar year (January through December). Membership Dues are not pro-rated, nor refundable. Membership meetings are held the second Wednesday of each month. Board elections are held during the June, Membership Meeting.

Membership privileges include:

- ◇ Monthly Chatter / Newsletter mailed or emailed to you
- ◇ Eligibility to vote during Membership Meetings
- ◇ Eligibility to serve on the Board of Directors
- ◇ Eligibility to serve on Committees

APPLICATION

First Name: _____ Middle: _____ Last Name: _____

Date of Birth: _____ Anniversary: _____ Marital Status: _____

Physical Address: _____

Mailing Address: _____

Email: _____ Phone #: _____

Emergency Contact: _____ Relation to you: _____

Address: _____ Phone # _____

Doctor's Name: _____ Phone # _____

Special Needs that the Center should be aware of: _____

Do you have any children, or other family in this area?

Name: _____ Relation to you: _____

Address: _____ Phone #: _____

Name: _____ Relation to you: _____

Address: _____ Phone #: _____

Name: _____ Relation to you: _____

Address: _____ Phone #: _____

May we include you in a Membership Directory?

Yes | No

Please circle all that apply: Address Phone Date of Birth Anniversary None of these

Would you like your Chatter/Newsletter e-mailed?

Yes | No

Membership Options

Annual Option (Calendar Year)

_____ Annual Membership \$24.00

Lifetime Options:

_____ Age 75+ \$100.00
_____ Age 65—74 \$150.00
_____ Age 60—64 \$200.00
_____ Age 55—59 \$250.00
_____ Age 50—54 \$300.00

FOR INTERNAL USE ONLY:

PAID: Y | N

TYPE : ANNUAL | LIFETIME

Waiver of Liability:

In consideration of participation in a class, trip, or activity, offered by Mat-Su Senior Services, I, the below undersigned, agree to indemnify and hold MSSS harmless, and hereby waive, release, and discharge any and all claims for damage, injury, bodily injury, or property damage which I may have or which hereinafter may accrue to me against instructors from and against any liability out of or connected in any way with my participation in a class, trip or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above.

I understand that accidents and injuries can arise from participation in a class, trip, or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on my behalf of me and to releae and hold harmless all of the persons or entities mentioned above whom (through negligence or carelessness) might otherwise be liable to me (or my heirs or assignees) for damages. It is further understood and agreed that this waiver, release, and assumption of risks has been freely entered into and is to be binding on my heirs and assigns.

Signature or Initial of Applicant: _____

I have read and agree to registration and program policies. Further, I agree to allow use of my image, which may be captured through video, photo, digital camera, or other media, for MSSS promotional materials and publications. By my signature below, I acknowledge that I have read this document and understand it's contents.

Signature or Initial of Applicant: _____

If I violate these rules, I will respect the decision of the board to terminate my membership.

As a member of Mat-Su Senior Services, I promise:

- ◆ To help the MSSS maintain the positive, friendly environment necessary for all members to learn and grow,
- ◆ To treat members and guests with respect and curtesy,
- ◆ To make a good faith effort to bring guests to meetings so that they can see the services that MSSS offers,
- ◆ To adhere to the MSSS guidelines and rules;
- ◆ To maintain honest and ethical standards while participating in MSSS services and activities.

Signature or Initial of Applicant: _____

Date: _____