

Mat-Su Senior Services

APPLICATION FOR MEMBERSHIP 2022

Membership is open to residents of Alaska sixty (60) years of age or older.

A membership card will be issued to new members. Renewals are updated each calendar year thereafter.

Dues are not pro-rated nor refundable.

Membership privileges include participation in the business of the Corporation; voting; newsletter mailed or e-mailed; serving on committees; and serving on the Board of Directors.

Please print:

Last name: _____ First name: _____

Mailing address: _____

Phone # _____ Marital status: _____ Birthday: _____

E-Mail

Address: _____

Would you like your Chatter newsletter e-mailed? Yes / No

Emergency contact information:

Name	Phone #
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Doctor's name	Doctor's phone #
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Special needs the Center should be aware of: _____

Do you have any children or other family in this area? Please list names, addresses and phone numbers:

Name	Address	Phone #
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Membership Options:

 Annual Membership (calendar year) ~~\$24.00/year~~ \$0.00 for 2022

Lifetime Options

 75+ years old \$100.00
 65-74 years old \$150.00
 60-64 years old \$200.00

Wavier of Liability

In consideration of participation in a class, trip or activity offered by the 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 release 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 wavier, release and assumption of risks has been freely entered into and is to be binding on my heirs and assigns.

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 its contents.

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 courtesy
- To make a good faith effort to bring guests to meetings so they can see the services MSSS offers
- To adhere to the MSSS guidelines and rules
- To maintain honest and ethical standards while participating in MSSS services & activities

Signature of applicant: _____ Date: _____