



Homer Senior Citizens, Inc.

Membership Application Form

Name _____ Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Phone _____ Phone _____

Email _____ Email _____

Birth Date _____ Birth Date _____

Would you like to receive your newsletter via email? Yes _____ No _____

We like to recognize birthdays in our monthly newsletter. We also print names of donors and volunteers. May we recognize you in our monthly newsletter? Yes _____ No _____

Signature _____

Regular Membership - any person 55 years or older. Membership is from January to December. The membership fee is \$30 per person. Lifetime Memberships are also available for a one - time fee of \$300.

Associate Membership - individuals under 55 years of age who would like to support the organization, but do not have voting privileges. Associate Membership dues are \$25 per individual.

Business Membership - organizations that would like to support Homer Senior Citizens, Inc. but does not have voting privileges. Dues are \$100 annually.

Enclosed is \$ _____ in payment for _____ (one or two) membership (s) for 20 _____

Lifetime Membership \$ _____

I would like to make a donation to Homer Senior Citizens in the amount of \$ _____

Please return this printed form with payment to:

**Homer Senior Citizens, Inc.
3935 Svedlund
Homer, Alaska 99603**

Or email your promise/pledge to info@homerseniors.com