



Mabel T. Caverly Senior Center
 911 West 8th Avenue, Suite 104
 Anchorage, AK 99501
 907-276-1496
newsletter@mabeltcaverly.org

"a friendly place providing stepping stones over deep water"

ANNUAL MEMBERSHIP APPLICATION

Membership in the Mabel T. Caverly Senior Center is for people 55 years of age and older. Membership entitles you to participate in all activities of Mabel T. Caverly Senior Services. It also allows you to ride the van on scheduled outings based upon space available. Membership allows you to vote in the annual election for Board of Directors and run for a senior position on the Board. Membership dues are \$25.00 per year. Dues are \$12.50 if you renew after July 1st. All memberships expire as of December 31st of each calendar year. If you are unable to afford the full cost of membership, please let us know; scholarships are available on a limited basis.

The van is \$5.00 per round trip--more for extended trips. The \$5.00 fee and additional donations keep the van running. The van service area borders (for door-to-door pick-up and return) are: north from Downtown to Government Hill, south as far as the Southside Senior Apartments and Commodore Park near Dimond/Abbott), east as far as Cook Inlet Housing (just east of Muldoon), and west to Jewel Lake Road.

- - - PLEASE FILL OUT THE INFORMATION BELOW AND RETURN WITH YOUR DUES - - -

Your Full Name _____ Over 55 Date of Birth (mm/dd) _____

Enter the address where you receive your mail:

Enter the address where you physically live:

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Please email my newsletter Email _____

Please indicate your race: Asian African American Pacific Islander Caucasian Hispanic

Other _____ I prefer not to answer

Please indicate your total FAMILY income: Under \$10,000 \$10,000- \$15,000

\$15,000-\$20,000 \$20,000-\$25,000 \$25,000- \$30,000 \$30,000- \$35,000

35,000- \$40,000 \$40,000- \$45,000 45,000- \$50,000 Over \$50,000

Please list your emergency contacts:

Name _____

Name _____

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Telephone _____ Email _____

Signature _____

Date _____

Date Received _____ Entered Membership Card Mailed Member ID # _____