



**Aging at Home Fairbanks**

**MEMBERSHIP APPLICATION and AGREEMENT**

Membership begins on the date of payment.

YOUR NAME(S) \_\_\_\_\_

DATE(S) OF BIRTH \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

MAILING ADDRESS (if different from street address) \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**Membership Dues**

- \$400 Individual
- \$600 Household (2+ members)

**I/we will pay dues:**

- Annually
- Quarterly

**Associate Membership Dues** (annual only)

- \$200 Individual
- \$300 Household (2+ members)

**Payment:**

Membership: \$ \_\_\_\_\_  
 Donation (tax-deductible): \$ \_\_\_\_\_  
**TOTAL: \$ \_\_\_\_\_**

**Check:** payable to **Aging at Home Fairbanks**, and mailed to

*Aging at Home Fairbanks  
1424 Moore St.  
Fairbanks, AK 99701*

**OR**

**Credit Card:**

Type: \_\_\_\_\_ Card Number: \_\_\_\_\_ Validation Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

**AGREEMENT:**

- I understand that AAH Fairbanks is not a provider of emergency services or health-care services.
- I agree to hold AAH Fairbanks harmless for any loss, expense or liability arising out of the activities of its employees or volunteers.
- I understand that AAH Fairbanks is not affiliated with the vendors on its list of vetted vendors and is not responsible for their actions.

\_\_\_\_\_  
PRINT NAME(S)

\_\_\_\_\_  
SIGNATURE(S)

\_\_\_\_\_  
DATE