



Aging at Home Fairbanks

MEMBERSHIP APPLICATION and AGREEMENT

Members are eligible to request and receive services, attend social events, and access a list of recommended paid service providers. Annual membership is for a 12-month period beginning 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

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