



1300 E. Hanagita
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2024 Membership Application

(PLEASE PRINT)

Membership dues are \$25.00 per year per person, due by January 31st of each calendar year

Today's Date: ____/____/____ Phone number: (____) _____ -- _____

Applicant's Name: _____ Birthdate: _____
(Please Print Clearly - First and Last Name) (MM/DD/YYYY)

(MARRIED AND FILING A JOINT MEMBERSHIP FORM – Joint fee is \$50)

Spouse's name: _____ Birthdate: _____
(Please Print Clearly - First and Last Name) (MM/DD/YYYY)

Mailing Address: _____
(City) (State) (Zip code)

Physical Address: _____
(If different from your mailing address – for those who do not get mail delivery at their homes)

Email Address: _____

Emergency Contact: Name: _____ Phone: (____) _____

Would you like to receive our monthly newsletter? _____ Yes _____ No _____ By Email

*Do you want your name or information released to other members? _____ Yes _____ No

***(Birthday Celebration is noted monthly in newsletter by name and birthdate -MM/DD)**

** _____
(Signature of Applicant) (Date)

** _____
(Signature of Spouse) (Date)

(If you sign for the applicant, you must provide documentation giving you legal authority to do so.)**

This is a RENEWAL _____ OR NEW Application _____

(For Office Use Only)

Application Received Date: ____/____/____ CASH OR CHECK Receipt # _____

Received by: _____ Amount: _____

Regular Member _____ Sustaining Member _____ Auxiliary Member: _____

For New membership only:

Board of Directors Meeting Date: ____/____/____

Application: _____ Approved _____ Disapproved

If application is disapproved, please explain: _____
