Annual Membership Form

ADVOCATES for Senior Issues

____ Renewing Member(s) ____ New Member(s)

Advocates for Senior Issues membership dues are for a full program year, beginning in September.

_____ **Individual / Couple Membership:** _____$30 for an individual _____ $45 for a couple

Please note: The "couple membership" includes two people who reside at the same address.

Name of Applicant: _____

Name of Second Applicant: _____

Address_____

City, State, Zip_____**Phone:**_____

Primary Contact Email:_____ **Second Contact's Email:**_____

Please **email** my | our membership packet (s)_____ Please **mail** my | our packet(s) via USPS: _____

_____ **Organization Membership:** _____$50 for 2 representatives _____$80 for 4 representatives

Organization | Affiliation: _____

Address_____

City, State, Zip_____**Phone:**_____

Primary Contact Email:_____ **Secondary Contact's Email:**_____

Representative 1: Name: _____ Email: _____ Phone: _____

Representative 2: Name: _____ Email: _____ Phone: _____

Representative 3: Name: _____ Email: _____ Phone: _____

Representative 4: Name: _____ Email: _____ Phone: _____

Please **email** my | our membership packet (s)_____ Please **mail** my | our packet(s) via USPS: _____

Please complete this form and mail with check to:
Advocates for Senior Issues, 3215 Eaglecrest Drive NE, Grand Rapids, MI 49525

Checks should be made payable to:
Area Agency on Aging of Western Michigan (AAAWM)

Questions? Please call our Office at (616) 456-5664 or email Advocacy@aaawm.org