



Membership Form Renew or Join

Name _____

Agency Name _____

Telephone Number _____

Mailing Address _____

Email Address _____

Return to:

Ms. Pat Branson
Care of:
Senior Citizens of Kodiak
302 Erskine Avenue
Kodiak, Alaska 99615

Annual Dues:

- ___ \$ 75.00 Associate Membership (Individual)
- ___ \$125.00 for Small Agency
- ___ \$225.00 for Large Agency (budget over \$1 million/yr.)
- ___ Dues Amount: _____

Determine which agency category you fall into or how much your agency can afford to support Senior Advocacy. We thank you.