



## Membership Form Renew or Join

(Please fill in the entire form)

Name \_\_\_\_\_

Agency Name (if applicable) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Return to:

Pat Branson  
Box 240  
Kodiak, Alaska 99615

Annual Dues:

\_\_\_\_\_ \$ 75.00 Associate Membership (Individual)

\_\_\_\_\_ \$125.00 Small Agency

\_\_\_\_\_ \$225.00 Large Agency (budget over \$1 million/yr.)

\_\_\_\_\_ Dues Amount

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