

Apple Valley Seniors

Membership Application 7/1/19 to 6/30/20

Location – 14601 Hayes Road in Apple Valley
(MAILING ADDRESS 7100 147TH STREET W. APPLE VALLEY, MN 55124)

Last Name _____

First Name(s) Member 1 _____ Member 2 _____

Address _____ Apartment # _____

City _____ State _____ Zip code _____

Telephone (_____) _____

Send Gazette by E-mail to _____ or U.S. Mail _____

****Would you like to be contacted about volunteer opportunities (serving on committees etc.)?** _____

Membership fee from 7/1/19 – 6/30/20 \$15 per person _____ member(s) X \$15 = _____

New Member

Check # _____

Cash

Renewal of Membership

Credit Card

Make Check Payable To: APPLE VALLEY SENIORS

The Membership Directory will be printed in August; the deadline for inclusion is July 15, 2019.

****Everyone is listed in the directory unless you OPT OUT by checking the box(es) below. This must be updated every year.**

Do Not Print My:

Address

Telephone Number

Signature _____

Date _____

*****ATTENTION TRAVELERS AND SNOWBIRDS– BULK MAIL IS NOT FORWARDED*****

Please let the office know if you would like to suspend your Gazette when traveling; the AVS pay 50 cents for each returned newsletter.

If you have a different winter or summer address and want to continue receiving The Gazette please include your e-mail address so it can be sent electronically. This must be updated every year

E-Mail Address (please print) _____

DATES TO SEND TO THIS ADDRESS: _____ to _____
(beginning date) (ending date)

Please complete and bring this form to the Apple Valley Senior Center or mail to:

APPLE VALLEY SENIORS

7100 W. 147th Street, Apple Valley, MN 55124

OFFICE USE ONLY Entered in Computer _____ Entered in e-mail list _____ Orientation Invite _____

Letter Sent _____ Membership Card _____ Emergency Card _____

updated 5/19