

VAX

Spouse

ACTIVE SENIORS, INC.
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NEW
RENEW

Membership Application

PLEASE PRINT:

First Name _____ Last _____

Spouse First Name _____ Last _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Spouse Cell _____

Email Address _____ @ _____

Spouse _____ @ _____

Emergency Contact _____ Phone# _____

Former/Current Occupation _____ Spouse _____

Skills _____ Spouse _____

Hobbies _____ Spouse _____

ASI Activity Interests _____ Spouse _____

Birth Month _____ Spouse _____

Date Paid _____ Amount _____

Paid by (check #, cash or credit card CC) _____

Receive Newsletter by: Email _____ USPS _____ None _____

Attendant _____ Date _____

How did you hear about us? Personal recommendation _____ Face Book _____
Web site _____ Other _____

Note: If all information above the red line on this sheet is confirmed correct by the applicant, check the box below.

Data confirmed correct by applicant