



Board Member
Nomination Form
2014-2016

There are Board positions open on the ASCA board with terms starting August 1, 2013 (two year terms).

I am interested in an ASCA Board position:

- President
- Vice President
- Treasurer
- Secretary
- Board member

Name Title

Senior Center/Organization

Address City State zip code

Phone Number Email Address

Statement of interest

Please e-mail your application to president@arizonaseniors.net



MEMBER REGISTRATION FORM

Arizona Senior Center Association
2030 West Baseline Road, Suite 182, Box 129
Phoenix, AZ 85041

<http://www.arizonaseniors.net>

CHECK ONE

- Individual** ___ \$25 For staff of senior centers. One vote.
- Senior Center** ___ \$50 Voting membership for **up to 3 people** who are staff or active, approved volunteers of a senior center.
One vote per member.
- Organizational** ___ \$100 Voting membership for larger organizations, which oversee two or more Senior Centers, to include **up to 6 people**. One vote per member. Additional memberships are \$25.
- Association** ___ \$50 Non-voting membership for any other entity that has an interest in the 50 or better population but not associated with or part of a senior center.
- Retiree/Student** ___ \$10 Non-voting membership for former members (at least 3 years before retirement.) or students studying in related fields.

| | | |
|---|---------------|---------------------------|
| Organization | | |
| Contact Name & Title: | | Email: |
| Mailing Address: | | |
| City: | State: | Zip Code: |
| Phone Number: () | Ext | Fax Number: () |
| Website: | | |
| Additional members (Senior Center - 3 total memberships, Organizational – 6 total memberships): | | |
| <i>Name & Title:</i> | | <i>Email:</i> |
| <i>Address:</i> | | |
| <i>Name & Title:</i> | | <i>Email:</i> |
| <i>Address:</i> | | |
| <i>Name & Title:</i> | | <i>Email:</i> |
| <i>Address:</i> | | |
| <i>Name & Title:</i> | | <i>Email:</i> |
| <i>Address:</i> | | |

Complete credit card information
or make check payable ASCA and mail to:

Arizona Senior Center Association
2030 West Baseline Road, Suite 182, Box 129,
Phoenix, AZ. 85041

Payment Amount Due \$ _____ **Check #** _____ **Purchase Order #** _____
Credit Card: ___ Visa ___ MC

Credit Card # _____ **Exp. Date** _____ **Billing Zip Code** _____

Name on _____ **Card Holder's** _____
Credit Card _____ **Signature** _____

Credit Card Billing Address _____