



Friends of the Area Agency on Aging Auxiliary

(The Auxiliary of the Clearfield County Area Agency on Aging, Inc.)

Membership Application 2008-2009

Annual Membership Dues: \$7.00 per person or \$10.00 per couple

Name: _____ Date: _____
(If husband and wife, please list both names)

Address: _____ Telephone: _____

City, State, Zip: _____ Date (s) of Birth: _____

Please check one:

_____ **Social Membership:** I will encourage and support Auxiliary activities

_____ **Active Membership:** I am willing to volunteer my time to assist with Auxiliary activities

Please mail application and membership dues by June 30, 2008.

Checks should be made payable to: **Clearfield County Area Agency on Aging, Inc.**
PO Box 550, Clearfield, PA 16830

Thank you for your support!

CCAAA—Enhancing Quality of Life



FOR OFFICE USE ONLY

Date Received: _____ Dues Paid: _____ Cash: _____ Check #: _____

Membership #: _____ Acknowledgment Sent: _____