



Friends of the Area Agency on Aging Auxiliary

ANNUAL MEMBERSHIP DRIVE 2021-2022

\$10 PER PERSON (OR) \$15 PER COUPLE

Amount enclosed: _____

Name: _____ DOB: _____

Name of Spouse or Partner: _____ DOB: _____

Address: _____

City, State, Zip: _____

Telephone: _____ *Email: _____

PLEASE NOTE ANY FAMILY OR ADDRESS CHANGES SO WE CAN KEEP OUR RECORDS UP TO DATE.

Lifespan newsletter: Two issues will be mailed yearly (summer & winter), and two issues will be inserted into our local newspaper (spring & fall). All four issues will be sent via email.

*Please include your email if you would like to receive all electronic issues.

If you would still like to receive a paper copy, check here: _____

Make checks payable to: Clearfield County Area Agency on Aging, Inc.
600 Cooper Road, Curwensville, PA 16833
Phone (814) 765-2696 Email: rvaughn@cctaaa.net

MEMBERSHIP LEVELS

(CHECK ONE)

SOCIAL _____ (OR) ACTIVE _____

Active

I am willing to volunteer my time to assist with Auxiliary activities.

CCAAA

Enhancing Quality of Life

Social

I will encourage and support Auxiliary activities.

Thank you for your support!

CARDS WILL BE MAILED MID-JUNE