

Elders Living in Their Element, P.O. Box 122244, San Diego CA 92112-2244

Membership Application for Elders Living in Their Element

"A Neighborly Network of Seniors for Seniors"

Name _____ M _____ F _____
 First M.I. Last

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-Mail _____

Birthdate _____ / _____ / _____

Emergency Contact

Name _____

Home Phone _____ Cell Phone _____

Relationship _____

I want to be a member of Elders Living in Their Element. I understand it is a membership organization and that its success will depend upon an active membership. I understand that, at a future time to be determined by the members, there will be dues to support the organization. All members will vote for a Board of Directors at a General Membership Meeting at a later date. Once the Board of Directors is in place, all members will vote on the amount of dues at a General Membership Meeting. *No member will be turned away because of inability to pay.*

Signature _____ Date _____

Optional Charter Donation

I am making a Charter Donation to help with the organizing expenses of the Elders in Their Element. Make checks payable to City Heights Town Council and write "Elders Living in Their Element" on the memo line.

Amount _____

MEMBER INFORMATION Name _____

Are you retired _____ working _____ ?

What was/is your occupation? _____

Do you have your own transportation? Yes _____ No _____

Volunteer experience(s) _____

In addition to English, what other language(s) do you speak? _____

Do you have special needs? Yes ___ No ___ If yes, please explain: _____

Skills/Experience: _____

Resources to Share: _____

Are you willing to:
Serve on the Steering Committee? _____

Be a candidate for Board Member? _____

Keep me Posted: Email ___ Phone ___ NextDoor _____

Are you interested in a Time Bank? Yes _____ No _____

A membership directory will be prepared and shared with members. Membership information will not be shared outside our organization.

ADMINISTRATIVE STAFF ONLY

Charter Donation: \$ _____ Check #: _____ Date : _____

Card Sent/Given: _____

Effective Month/Year: _____

Directory/Updates Sent/Given _____