



— AT HOME IN —  
ALEXANDRIA

3139 Mt. Vernon Avenue, Alexandria, VA 22305  
(703) 231-0824

## AHA Associate Member

### Overview

At Home in Alexandria (AHA) is a non-profit, tax exempt, 501(c)3 organization formed to respond to the needs of Alexandria's growing population of people 55 years and older. AHA's objective is to provide a range of reliable services enabling members to remain independent, in their own homes/apartments and neighborhoods, enjoying their favorite activities and continuing to be involved in their community. Your support assists your neighbors and ensures that AHA will be here to serve the community in the future. As an AHA Associate Member, you are supporting AHA and are also eligible to participate in all educational, cultural and social programs sponsored by AHA.

PLEASE PRINT CLEARLY.

Mr., Ms., Mrs.

(Please circle one)

Name (First, Last)

Age

Date of Birth

Mr., Ms., Mrs.

(Please circle one)

2nd Name (if part of a household)

Age

Date of Birth

Street Address

Unit

City

State

Zip

Phone Number (home)

Phone Number (cell for both, if household)

email address #1

email address #2 (if applicable)

### Payment Information:

### 2019 Fees

\_\_\_ AHA Associate – Single\* \$300

\_\_\_ AHA Associate – Household\*\* \$350

\_\_\_ Additional Donation \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Check Number: \_\_\_\_\_ Please make your check payable to **“At Home in Alexandria”** and send to: AHA, 3139 Mt Vernon Ave, Alexandria, VA 22305-2669

Credit Card:



Expiration Date: \_\_\_\_\_

Card Number: \_\_\_\_\_

Security Code: \_\_\_\_\_

\*\$250 of the AHA Associate Single Member Fee is tax deductible.

\*\*\$300 of the AHA Associate Household Member Fee is tax deductible. Any additional donation is fully deductible.

**So that we may better serve you, please provide the following additional information:**

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_

Emergency Contact Address \_\_\_\_\_

Would you like to become a Volunteer with AHA? Yes \_\_\_ No \_\_\_

Is AHA authorized to send you periodic emails with important notices and event reminders? Yes \_\_\_ No \_\_\_

How did you hear about AHA? \_\_\_\_\_

Why do you want to be a part of AHA? \_\_\_\_\_

Note: You are acknowledging that you understand that if you attend AHA events you may appear in photos from the event, which may periodically appear in the AHA publications.

Signature \_\_\_\_\_ Date \_\_\_\_\_