

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 can participate in all educational, cultural and social programs sponsored by AHA. At Home in Alexandria welcomes all, and does not discriminate on the basis of race, color, religion, gender, gender expression, national origin, or sexual orientation.

PLEASE PRINT CLEARLY

Date _____



Mr. Ms. Mrs. Dr.
(Please circle one) Name (First, Last) _____ Age _____ Date of Birth _____

Mr. Ms. Mrs. Dr.
(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:	2021 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 below and on the reverse side:

Emergency Contact _____ Relationship _____

Phone _____ email _____ Address _____

Would you like to become a Volunteer with AHA? Yes ___ No ___ Maybe _____

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

How would you prefer to receive AHA's monthly newsletter? Printed & mailed. I will print the email version.

How did you hear about AHA? _____

Why do you want to join AHA? _____

PLEASE CONTINUE ON REVERSE →

AHA Programming

AHA offers a wide array of social events, outdoor exercise, cultural outings, educational programs, discussion groups, and more. Please mark below any of the activities that may appeal to you so that we can provide you with additional information that will facilitate your active involvement with AHA.

- Cycling Group
- Walking Group
- Dining Out – Lunch, Dinner, Holiday
- Happy Hour
- Current Event Discussions
- Game Day – Board and card games
- Book Club
- Let's Go to the Movies
- Tech Talks – short sessions to improve skills/knowledge (phones, computers, etc.)
- Museum day trips
- Memoir writing
- Please list your interests if not listed above _____

AHA is always open to new ideas and programming. Please mark any of the activities below that might interest you if started by AHA.

- Group travel (domestic)
- Group travel (international – i.e. river cruise)
- Group outing to ballgames
- Knitting or handwork group
- Intergenerational programs (with children or grandchildren)
- Golfing group
- Cooking group
- Gardening group
- Potluck dinners (rotating among member homes)
- Regular “coffee klatch” at coffee shop
- Regular trips to local galleries or museums
- Your ideas _____

Thank you for sharing your interests. Your membership packet will include information about upcoming events and you are enthusiastically encouraged to take part in any or all of our programming.

Signature

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.

Your Signature (single member)

Date

Your Signature (second Household member)

Date