



Return this completed form to AHA:
 3139 Mt. Vernon Avenue, Alexandria, VA 22305
 Or by email to aha@AtHomeInAlexandria.org
 (703) 231-0824

AHA Associate Membership

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

Date _____

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:	2026 Fees	
	____ AHA Associate – Single*	\$355
	____ AHA Associate – Household**	\$405
	____ 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 Number: _____ Expiration Date: _____

Security Code: _____ Signature: _____

*\$305 of the AHA Associate Single Member Fee is tax deductible.

**\$355 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 _____

How did you hear about AHA? _____

What is your reason for joining AHA? _____

May we send you periodic email notices and event reminders? Yes No (if yes, include email above)

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

Would you like your name, phone number, and email listed in our member directory? Yes No

Would you be interested in becoming an AHA volunteer? Yes No Not at this time

PLEASE CONTINUE ON REVERSE →

AHA Programming

Email: AHA@AtHomeInAlexandria.org

Website: www.AtHomeInAlexandria.org

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.

- Book Club
- Regular “coffee klatch” at local coffee shop
- Current Event Discussions
- Dining Out – Lunch, Dinner, Holiday
- Happy Hour
- Movie Group
- Roundtable
- Social & Racial Equity Series
- Tech Talks – short sessions to improve skills/knowledge (phones, computers, etc.)
- Travel Group – museum trips, other local events, road trips and domestic travel
- Readers Theater
- Walking Group
- 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 (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
- Memoir writing
- Potluck dinners (rotating among member homes)
- 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.

Terms and Conditions of Membership

Membership is approved at the sole discretion of AHA. AHA reserves the right to terminate this agreement, at any time, if AHA determines that it is in the best interest of AHA, its employees, its volunteers, other members or this member(s). Grounds for termination may include, but are not limited to, verbal or physical abuse of other members.

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 _____

AHA Confirmation of Membership – FOR AHA OFFICE USE ONLY

AHA Office Signature

Date