



Charities House ▪ 25 Point Finger Road ▪ Paget DV04 ▪ P.O. Box HM 2397 ▪ Hamilton HM JX

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Email: ageconcern@northrock.bm ▪ Website: www.ageconcern.bm

NEW MEMBER FORM

Name: _____ Date of Birth: _____

Street Address: _____

_____ Zip Code: _____

Mailing Address: _____

E-mail Address: _____

Home Telephone # _____ Business telephone # _____ Cellular# _____

TYPES OF MEMBERSHIP

- | | |
|------------------------------------|---|
| <input type="checkbox"/> 1 Year | <input type="checkbox"/> \$25 |
| <input type="checkbox"/> 80 & Over | <input type="checkbox"/> <i>Complimentary</i> |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> LifeTime | <input type="checkbox"/> \$1000 |

Optional: - I am enclosing a donation to support the work of Age Concern for: _____

Top Topics Concerning Older Adults:

- Health Care
- Financial Matters
- Prescription Drugs
- Fitness for Seniors
- Home care
- Handyman/House Upkeep
- Personal Development
- Housing

Volunteer Opportunities:

- Preferred Activity
- Office Assistance
- Events/Special Projects
- Visiting Seniors
- Transportation
- Fundraising

Time Available _____

Signature: _____ Date: _____

For Office use only:

Cash: _____ Event: _____

Check No.: _____ Date: _____

Receipt No: _____

Credit/Debit Card No.: _____