



**PO BOX 73
LAKE FOREST, CA. 92609**

MEMBERSHIP APPLICATION		
APPLICANT INFORMATION		
Name:		
Date of birth (MM/DD):	Phone:	Phone:
Current address:		
City:	State:	ZIP Code:
Email:		
MEMBERSHIP CLASSIFICATION		
<input type="checkbox"/> Regular Member Lives in Laguna Woods Village, 55+ <u>Annual Dues \$25</u>	<input type="checkbox"/> Life Time MEMBER Lives in Laguna Woods Village, 55+ <u>No Annual Dues;</u> <u>One-Time fee \$125</u>	<input type="checkbox"/> Associate MEMBER Invited by Regular Member, 55+ lives outside of Laguna Woods Village <u>Annual Dues \$35</u>
EMERGENCY CONTACT		
Name of a relative not residing with you:		
Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		
COMMITTEE INTERESTS		
<input type="checkbox"/> Membership	<input type="checkbox"/> Ways and Means	<input type="checkbox"/> Program
<input type="checkbox"/> Hospitality	<input type="checkbox"/> Publicity	<input type="checkbox"/> Education
<input type="checkbox"/> Web Master	<input type="checkbox"/>	<input type="checkbox"/>
MEMBERSHIP REFERRALS		
Name	Address	Phone

MEMBERSHIP APPLICATION

AUTHORIZATION/MEDIA RELEASE

I grant permission to AAHC to use my image (photographs and/or video) for use in AAHC publications or other publications including videos, email blasts, recruiting brochures, newsletters, newspapers, and magazines and to use my image in electronic versions of the same publications or on the AAHC website or other electronic forms of media.

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

BRIEF BIO

Interests/Hobbies:

SIGNATURE

I authorize the AAHC to utilize my information in consideration of membership and represent that all of the above information is true and correct.

Signature of applicant:

Date: