



# AGS MEMBERSHIP APPLICATION

(PLEASE TYPE OR PRINT) Please Indicate:  New  Renewal

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization/Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street City State Zip Code

Day Phone: ( ) Evening Phone: ( )

Home Address: \_\_\_\_\_

Street City State Zip Code

County: \_\_\_\_\_ Referred By: \_\_\_\_\_

**Please indicate appropriate category:**

Individual  \$30  
Student  \$10  
Senior  \$10

*Please make check payable to:*  
Alabama Gerontological Society

**The following information is optional:**

Age  Under 55  56-64  65-74  75-84  85+

Sex:  Male  Female

Ethnic Origin:  American Indian  Asian  African American  Hispanic  Caucasian

**Please return with check to:** Alabama Gerontological Society  
P.O. Box 241262  
Montgomery, AL 36124-1262