

SENIORS CITIZENS OF KODIAK, INC. (SCOK) MEMBERSHIP APPLICATION

Yes, I want to support SCOK in their commitment to provide services to people services to people 60 and older and to make our island a good place to age.

NAME:		DATE:				
MAILING ADDRESS:						
HOME PHONE:	EMAIL:					-
How would you like to receive your newsletter? (Circle one):		USPS	OR	EMAIL		
DATE OF BIRTH:	AGE 60 OR OVER:	YES	OR	NO		
Please indicate if we may use yo	our photo for publications:	YES	OR	NO		
	ANNUAL MEMBERSHIP OPTI	IONS				
Individual \$25 Fa	Benefactor \$500			Sponsor	\$250	
If Family, Please List Names &	DOB Here:					_
	and a 10% discount on special items we to support our worthy programs. Only any and serve as Board members.					
	SERVICES PROVIDED BY SO	COK				
Congregate Meals Exercise Classes Special Events Monthly Newsletter Exercise Equipment Activities	Home Delivered Meals Respite Life Line Island Cove Adult Day Progr Equipment to Loan	ram	Curbside Meals Chore Services Outreach/Information Support Groups Lending Library Assistance with Forms			
	VOLUNTEERING AT SCO	K				
•	opportunities, some of which require a s, and we will contact you with more in	_		ck. Pleas	e check off h	ЭW
Answer phonesH	Ielp at Island Cove Newsletter	sland Cove NewsletterHelp with special events				
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Please return with membersh	ip to: Senior Citizens of Kodiak, Inc.	302 Erskir	ne Av	e, Kodiak	, AK 99615	

info@scoki.org or visit us on the web at kodiakseniorcenter.org