

American Association of Senior Peer Counseling

Membership Application



Please check one:

- Senior Peer Counselor
- Senior Peer Counselor & spouse/partner
- Professionals/Program Administrators
- Students
- Corporations
- Program Membership (for scholarships)
- Donation/Gift

Membership Fee:

\$25.00

\$45.00

\$45.00

\$25.00

\$300.00

\$100.00

\$ _____

Total \$ _____

All dues & donations are tax deductible. Personal info will not be shared with other organizations.

Please circle: Mr.Mrs.Ms.Dr.

DATE: _____

Name: _____

Address: _____

City _____ **State** _____ **Zip** _____

Telephone: () _____ **Email address:** _____

Program Name: _____ **County:** _____

Program Membership Sponsorship: (names of 2 Senior Peer Counselors)

More information on sponsorship is available from the Membership Committee upon request.

Please contact me. I am interested in:

- Hosting a Network Meeting
- Board of Directors Position
- Presenting at an Annual Conference
- Membership- Marketing Committee
- Conference Committee

Please send application & checks to:

American Association of Senior Peer Counselors
c/o Cathy Lonergan
P.O. Box 1306; Fort Bragg, Ca. 95437
(707) 962-1048
LonerganC@mcdss.org