

# Senior Advocacy Group of Ahwatukee. SAGA, Inc.



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conference@sagaseniors.org

## Membership Application

Membership Type:  New  Reinstated (break in membership)  Renewing (no break in membership)

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Website \_\_\_\_\_

Membership Sponsor \_\_\_\_\_

State your relationship to the Older Adult Population \_\_\_\_\_

State your Connection to Ahwatukee \_\_\_\_\_

What are the two biggest challenges that Ahwatukee Seniors face? \_\_\_\_\_

\_\_\_\_\_

What are two things you like about Ahwatukee? \_\_\_\_\_

\_\_\_\_\_

I am interested in:  Education  Resources  Projects  Fundraising  Membership  Administration

Other \_\_\_\_\_

I have enclosed an application fee of \$25 with the understanding that it will be applied to my membership fee if the SAGA Board of Directors approves my application for membership. Membership is in the sole discretion of the SAGA Board of Directors.

I affirm that I am a current resident, property owner, business operator, or employee serving the greater area of Ahwatukee that supports and has demonstrated support for local seniors. I understand that to gain and sustain SAGA membership I must have and maintain a continuing connection to seniors and the greater area of Ahwatukee. As a member, I agree to attend SAGA monthly meetings, unless excused, and participate in a SAGA committee, project or event. Above all, I profess a desire to work with the SAGA membership to provide education, resources and advocacy to the senior population of Ahwatukee and its surrounding areas.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Business/Organization

Website: [www.sagaseniors.org](http://www.sagaseniors.org)  
Facebook: [www.facebook.com/seniorsaga](http://www.facebook.com/seniorsaga)