

**NINILCHIK SENIOR CITIZENS, INC.**

PO Box 39422

NINILCHIK, AK 99639-0422

[seniors@ptialaska.net](mailto:seniors@ptialaska.net)

(907) 567-3988

Dues: \$25 Annually

Name .....

Mailing Address..... City..... State..... Zip.....

“Outside” Ninilchik Address ..... City..... State..... Zip.....

Email Address ..... Phone Number.....

Cell Phone.....

[ ] Email newsletter and menu (free)

[ ] Hard Copy newsletter via USPS (\$6.00)

Date of Birth .....

Sex: M F

Marital Status: M S W

Live Alone: Y N

Disabled: Y N

Veteran: Y N

Disabled Veteran: Y N

**Ethnic Origin** (optional, **for grant purposes**): C=Caucasian NA=Native American AN=Alaska Native  
AA=African American API=Asian/Pacific Islander H= Hispanic U=Undeclared

**For Grant Purposes:**

Is your income less than \$1255.00/month? Y N Alaska resident since what year? .....

Special dietary needs .....

**In what areas would you consider volunteering?**

Decorating/Special Events Health / Physical Fitness Board Entertainment  
Teaching/Sharing a Skill Center Host/Hostess Other(include special talents).....

**Suggestions to improve NSC programs, activities or operation** .....

.....

Please Sign ..... Date .....

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Dues: \$25 Annually Per Person

Name ..... **Spouses Name** .....

Mailing Address..... City..... State..... Zip.....

“Outside” Ninilchik Address .....City.....State.....Zip.....

Email Address ..... Phone Number.....

**Spouses Email Address** ..... **Spouses Phone Number** .....

Cell Phone.....**Spouses Cell Phone**.....

[ ] Email newsletter and menu (free)

[ ] Hard Copy newsletter via USPS (\$6.00)

**Date of Birth** ..... **Spouses Date of Birth** .....

**Sex:** M F    **Marital Status:** M S W

**Sex:** M F    **Marital Status:** M S W

**Disabled:** Y N    **Veteran:** Y N    **Disabled Veteran:** Y N

**Disabled:** Y N    **Veteran:** Y N    **Disabled Veteran:** Y N

**Ethnic Origin** (optional, **for grant purposes**): C=Caucasian    NA=Native American    AN=Alaska Native  
AA=African American    API=Asian/Pacific Islander    H= Hispanic    U=Undeclared

**Spouses Ethnic Origin** (optional, **for grant purposes**): C=Caucasian    NA=Native American    AN=Alaska Native  
AA=African American    API=Asian/Pacific Islander    H= Hispanic    U=Undeclared

**For grant purposes:**

**Is your single income less than \$1255.00/month?** Y N    **Alaska resident since what year?** .....

**Is your Couple income less than \$1691.00/month?** Y N    **Spouse Alaska resident since what year?**.....

**Special dietary needs** .....

**Spouses Special dietary needs** .....

**In what areas would you consider volunteering?**

Decorating/Special Events    Health / Physical Fitness    Board    Entertainment  
Teaching/Sharing a Skill    Center Host/Hostess    Other(include special talents).....

**Suggestions to improve NSC programs, activities or operation** .....

Please Sign ..... Date .....

Spouse Sign..... Date .....