



**KAG's Mission: To advocate, educate, and network with vision for and with older adults and those who impact their lives.**

**MEMBERSHIP APPLICATION**

**Select one:**

- New Member       Reinstating Member

NAME/ORGANIZATION	<b>MEMBERSHIP FEES: (select one)</b> <input type="checkbox"/> \$40 Individual (regular) <input type="checkbox"/> \$20 Full-time Student <input type="checkbox"/> \$20 Older Adult (60+) <input type="checkbox"/> \$150 Organizational Membership (up to 4 persons)
OCCUPATION	
ADDRESS	
CITY                      STATE                      ZIP CODE	
PHONE	
EMAIL	

**ORGANIZATIONAL MEMBERSHIP**

NAME	EMAIL
1.	
2.	
3.	
4.	

**Make Check Payable to KAG**

**MAIL TO:**

**KAG Membership  
PO Box 557  
Frankfort, KY 40602-0557**

**Membership expires on December 31 of each year.**