



SAGE Rochester – Gay Alliance Membership Form

Name: _____ Birth date: ____/____/____

Partner/Spouse Name: _____ Anniversary date: ____/____/____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____ Cell Number: _____

In Case of Emergency Please Call: (Name/Number) _____

Please tell us a little about yourself to improve our programming – check all that apply:

- I am: Single Partnered Married Disabled Veteran Employed Retired Hearing Impaired Homebound
- Male Female Gay Lesbian Bisexual Trans Straight Inter-Sex Pansexual Other _____

How did you hear about SAGE Rochester? _____

Please tell us about your career experience, skills, talents, hobbies, board service and interests that might be useful to our activity planning or leadership council of SAGE ? _____

Would you like to be trained to be part of our “Call to Connect” program to help provide more social and wellness connections for our seniors? Yes No Tell Me More

Would you like to be part of our “Seniors in Service” program which encourages volunteerism, reaching out to others in our community? Yes No Tell Me More

If you have other comments or suggestions for programming, please use the back page of this form.

If you are currently a paid up Gay Alliance member send no money... just return this form to get your SAGE membership card! One membership includes both SAGE and Gay Alliance benefits: The Empty Closet Newspaper, SAGE Program Calendar, Newsletters and Emails, Gay Alliance News, LGBTQ Resource Information, Facebook Discussion Group, Free or Discounted Events and other SAGE Membership Card discounts.

Please tell us if you need restricted contact: _____

I need a new or renewed SAGE / Gay Alliance Membership I just need a SAGE card - already paid

SAGE / GAY ALLIANCE MEMBERSHIP LEVELS:

Basic individual \$30.00/paid once a year Pay now

Sustaining Member \$5.00/paid monthly (\$60 total) We will contact you to set up auto payment

Friend of SAGE \$12/paid monthly (\$144 total) We will contact you to set up auto payment

Other level _____

I’m paying for my membership by: Cash Check Visa/Mastercard American Express Discover

Name on Card: _____

Card # _____ Expiration Date: _____

Amount enclosed or to be charged to card: \$ _____

Mail to: Gay Alliance LGBTQ Resource Center, Attn: Membership, 100 College Avenue #100, Rochester NY 14607