



**DC Senior Advisory Council  
2016-2017 Membership Application**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Non-profit Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_

**My Committee Choice is:** (check or highlight one or more, please)

- D. C. Office on Aging
- Transportation
- Housing
- Nutrition

**Dues Payment:** Dues of \$100 annually are required for membership. Some scholarships are available. For scholarship questions please contact Sally White at [swhite@iona.org](mailto:swhite@iona.org).

**Payment Options:** Registration may be made by cash, check, or credit card.

**Checks and Cash:** Please make checks payable to **Iona Senior Services** with "S.A.C. dues" in the memo line. Payments and registration forms should be mailed to:

Iona Senior Services, Attn: S.A.C.  
4125 Albemarle Street, NW  
Washington, DC 20016.

**Credit Cards:**  Visa  Mastercard

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Credit card payments may be mailed, hand delivered, or faxed to the S.A.C. at (202) 895-0236.

***THANK YOU for sending your membership.***