

**Mission:** To provide a wide variety of educational programs and social activities for people age 50+ that foster wellness and that encourage personal and intellectual growth. To provide an environment for developing new interests, making new friends, and becoming involved as volunteers.

PrimeTime Institute (PTI) is a self-funded program of ElderCare of Alachua County (ECAC). All PTI programs and activities are planned and presented entirely by volunteer members and speakers, with expenses supported by membership fees and donations. Because of our affiliation with ECAC, donations to PTI (beyond the annual membership fee) are tax-deductible. Donation checks for ECAC/PTI should be payable to ElderCare of Alachua County, with "PTI donation" on the memo line so the funds will be designated for the PTI account. Donors will receive a letter from ElderCare acknowledging their gift for tax records following government requirements.

### Spring 2018 Membership Registration

Please PRINT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

New Member

Membership Renewal

Nickname (for badge): \_\_\_\_\_

(For renewals, enter information below only if changed)

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ 2nd Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

**Privacy policy:** PTI will not provide membership lists or membership information to other organizations or individuals without your permission.

#### Important Information:

**The \$10 membership fee** covers regular PTI programs and most activities from February through August 2018. Membership is open to anyone who supports the mission of PTI. Membership is not required to attend regular programs. Current paid members will be able to participate in special member-only activities. Additional donations are appreciated; amounts above the \$10 fee are tax-deductible.

Please bring this completed form and membership payment to a PTI meeting or mail it to Prue Tucker, PTI Treasurer, 6111 NW 41<sup>st</sup> Drive, Gainesville, FL 32653. **MAKE CHECK PAYABLE TO ELDERCARE** and be sure to identify **PTI MEMBERSHIP** in the memo section.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use: Amount Rec'd \$ \_\_\_\_\_ Date Rec'd \_\_\_\_\_ Receipt # \_\_\_\_\_ Rec'd by \_\_\_\_\_ (initial)

Name \_\_\_\_\_  
Last First Phone

The following information will be helpful in meeting the interests and needs of our membership:

1. For me, the best two ways to communicate information about future PTI programs/activity are:

- checkbox e-mail checkbox flyer/handout at PTI programs checkbox postal mail
checkbox PTI web site checkbox other (specify) \_\_\_\_\_

2. We NEED volunteers to share responsibility and provide back-up for day-to-day operations. See our website - www.primetimeinstitute.org - for descriptions of volunteer positions. Please indicate what team(s) you would like to be part of in PTI:

- checkbox Program Planning Group (arrange for speakers, etc.) checkbox Meeting support (set up the Host Table and greet attendees)
checkbox Program Leader (set up equipment, support other volunteers)

WISH LIST (Things that would make PTI better if we had volunteers to implement them):

- Name Tag Maintenance (keeping member name tags in alphabetical order, integrating new ones)
Additional Leadership Council Members (three or four meetings per year to discuss and plan PTI operations)

If you have interest, skills, or abilities in any of these or in other areas that could benefit PTI, please provide that information on the back of this sheet.

3. Please check all the program topics and types of activities that are of significant interest:

- checkbox local/state issues checkbox history checkbox nature checkbox safety for seniors
checkbox healthy living/medical info checkbox gardening checkbox technology updates
checkbox hobbies/arts checkbox day trips checkbox financial updates
checkbox other (explain - you may continue on reverse)

4. Are you interested in presenting a PTI program yourself or do you recommend a speaker you find especially interesting? (You may continue this answer on the reverse of this page.)

Self \_\_\_\_\_ or Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact e-mail \_\_\_\_\_

Topic \_\_\_\_\_

5. On the reverse of this page, please give us your suggestions or recommendations for how we operate as an organization or about our programs and activities.

Thank you for your support and continued interest in the PrimeTime Institute.