



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.*

**2024-2025 Membership Registration**

**The \$15 ANNUAL membership fee covers PTI programs through May 2025. Membership is open to anyone who supports the mission of PTI. Membership is not required to attend regular programs.**

Please PRINT  
 Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 New Member  Membership Renewal   
 Nickname (for badge): \_\_\_\_\_  
 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.**

**Donations:** *Because of our affiliation with ECAC, donations to PTI beyond the annual membership fee are tax-deductible. Membership fees and donations may be combined in one check, designating both in the memo line. Anything above \$15 will be treated as a donation. Donors will receive a letter from ElderCare acknowledging their gift for tax records following government requirement.*

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

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

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

Please complete the information on page 2

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:**

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

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

- Program Planning Group (arrange for speakers, etc.)
- Meeting support (set up the Host Table and greet attendees)
- Name Tag Maintenance (keeping member name tags in alphabetical order, integrating new ones)

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:**

- local/state issues
- history
- technology updates
- healthy living/medical info
- gardening
- financial updates
- hobbies/arts
- nature
- safety for seniors
- sharing life experiences
- field trips
- 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.