SPARK ~ Membership ~ ENROLLMENT FORM

MEMBERSHIP INFORMATION

☐ New Member  ☐ Member with change in contact information

First Name: ____________________________  Last Name: ____________________________

Name tag preference: ____________________________

Address: ____________________________________________________________

City: ____________________________  State: __________________  Zip: ____________

Phone: ____________________________  Email (please print): ____________________________

Annual Membership

| Jan. 1, 2020 to Dec. 31, 2020 | $40 | $____ |
| Members Joining after May 1, 2020 | $20 | $____ |
| Donation : Amount | $____ |

EIN Number: 43-1859626

Why Donate to SPARK?

You may support SPARK with a tax-deductible gift to help recognize our instructors and defray other membership costs. You may include your gift with your membership and/or registration fee. You will receive a confirmation for your gift. Thank you!

How did you learn about SPARK?

☐ SPARK member — Who? ____________________________

(If you learned about SPARK from one of our members, we would like to thank them)

☐ Website  ☐ Advertisement  ☐ Other ____________________________

May we contact you about volunteering for SPARK in one of these capacities?

☐ Class Coordinator  ☐ Yes  ☐ No

☐ Help with events or activities  ☐ Yes  ☐ No

☐ Serve on a Committee  ☐ Yes  ☐ No

☐ Help with office tasks (mailings, copying, etc.)  ☐ Yes  ☐ No

PHOTO RELEASE  (You only need to sign this one time)

We would appreciate your permission to use photographs or videos of you taken in SPARK classes and its activities in our brochures, mailings and website.

Permission to use Photograph

I grant to SPARK (Senior Peers Actively Renewing Knowledge), its representatives and employees, the right to take photographs or videos of me related to SPARK activities. I authorize SPARK, its assignees and transferees to copyright, use and publish the same in print and/or electronically. I agree that SPARK may use such photographs of me with or without my name and for any lawful purpose, including for example, such purpose as publicity, illustration, advertising and web content.

If I wish to rescind or discontinue the permission, I understand I will need to notify the SPARK office by email or written notice. I have read and understand the above.

Signature:________________________________________  Date:__________________

SPARK | P.O. Box. 901807 | Kansas City, MO 64190-1807

The SPARK Office on the UMKC Campus is not open during social distancing.

For information or assistance, please contact: Bill Webb at 816-333-9713 or Lori Williams at 816-235-2870 or spark@umkc.edu.

FOR OFFICE USE ONLY:

SPARK Sales Receipt #__________  Check #__________  Cash $__________

COMMENTS: