



Membership and/or Newsletter Application

(please print)

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____ Other : _____

Email Address: _____

_____ I support the legislature of Alaska confirming members of the Alaska Permanent Fund Board!

_____ You may publish my name in the membership.

_____ Please keep my name private

Signature: _____ Date: _____

Yearly levels of membership:

- | | |
|----------------|--|
| FREE _____ | Your support of what we do is primary. |
| \$5.00 _____ | Email newsletter or USPS delivery |
| \$10.00 _____ | Basic Member |
| \$25.00 _____ | Sustaining Member |
| \$100.00 _____ | Supporting Member |

Please copy and print this form and send it along with your check or money order to:

Alaska Permanent Fund Confirmation Committee
P.O. Box 191078
Anchorage, Alaska 99519-1078

Please call 907-278-9455 phone/fax/message for further information.

Together, Let's create a brighter future for all Alaskans!
<http://www.apfboardconfirmation.org>