THE ALASKA CLUB

Vendor and Grant Invoice

Claim #:		Date:	

Claimant's Name:	
Claimant's Address:	
Claimant's Phone Number:	
Responsible Party:	
Contact Person:	

Phone Number:		Fax Number:	

TAC Coordinator:	

Enrollment Fee:	
Monthly Dues:	
x # of Months:	
= Total:	

Note: Claimant can begin temporary membership when a check in the full amount has been sent to:
The Alaska Club – West 1400 W. Northern Lights Blvd. Anchorage, AK 99503
Attention: Debbie Cedeno