

Notice - Overdue Balance



OVERDUE ALERT: This message is to let you know that your account has an invoice or balance of **45 days or more past due**. At **60 days** overdue, your account will be suspended.

Please have your organization's billing contact reach out to us **via email** at billing@neonone.com for more information.

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Alan Koenig #25816

Last edited by Binh Wakeford on Dec 16 at 4:14 PM

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Messages

Notes

3.8/5

Generosity Indicator

4/5

Affinity

4/5

Recency

3/5

Frequency

4/5

Monetary Value

All Time
Annual
Fiscal

<p>\$0.00</p> <p>Donations</p>	<p>0.00</p> <p>Volunteer Hours</p>	<p>\$180.00</p> <p>Event Registrations</p>
<p>0</p> <p>Event Attendance</p>	<p>\$0.00</p> <p>Memberships</p>	<p>\$0.00</p> <p>Soft Credits</p>
<p>\$0.00</p> <p>Store Purchases</p>		

All Time Generosity Total **\$180.00**

Configure Edit

NAME	
First	Alan
Middle	—
Last	Koenig
Preferred	Alan
Prefix	—
Suffix	—
Salutation	—

ACCOUNT DETAILS	
Type	—
Source	Online/Internet
Household	—
Employment	—
Gender	Male
Birthday	Nov 28, 1957
Login	tazbree@gmail.com <small>Last logged in: Dec 9 at 10:51 AM</small>
Login Confirmed	—

GENERAL INFORMATION	
SNOW BALL ASSIGNED SOLICITOR	—
2022 SNOW BALL SPECIAL NOTES:	—
2020 SNOW BALL SPECIAL NOTES:	—
Logo Pathway:	—

MEMBERSHIP	
Account Current	—
Membership Status	—
Membership Term	—
Membership Level	—
Membership Directory	—
Directory Opt-In Status	Automatically Opted In

CONTACT	
Phone	(505) 205-6092
	—
	—
	—
	Fax
	(505) 205-6092
	SMS/MMS Number
Email	tazbree@gmail.com
	—
	—
Address	11209 Baldwin Ave NE Albuquerque, NM 87112
	—
	County
Online	—

DATA PRIVACY & CONSENT	
SMS/MMS	Given

ATHLETE	

https://adaptivesportsprogram.app.neoncrm.com/admin/accounts/25816/about

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Preferred Contact Method	—	Parent/Guardian Name(s) (If under 18)	—
Preferred Contact Reason	—	Are you registering with ASPNM as a	—
Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	—
Emergency Contact Name	Glenna giboney	Start year with ASPNM	2025
Emergency Contact Phone Number	5054009345	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	45,000-89,999
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	None
VOLUNTEER		DD-214 #	—
Volunteer Interests	—	Are you considered a Wounded Warrior?	—
How did you hear about ASPNM?	ASPNM shack at Ski Santa FE spoke with a guy there.	Date of Injury	—
Why would you like to be a part of the ASPNM?	—	Which Military Branch did you serve in (select all the apply)	—
ASP offers a wide variety of ways to get involved, including sports instructors, committee participation, and more! For which ASP events would you be interested in volunteering?	—	Height	6'1"
Have you ever taught Adaptive Sports of any kind?	—	Weight	215
Have you ever taught Skiing and/or Snow Boarding?	—	Type of Disability	Spinal cord injury Stroke
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Sciatica and lower back pain.
PSIA or AASI certification (or other professional Snowsport certification)	—	What type of skiing/riding do you think you will be doing	Ski Bike
Summer Sports certifications, skills, and years experience?	—	What functions are affected?	Standing and walking for more than a min
Summer Sports equipment owned?	—	Current activities	Dirt bike, weight machine, physical therap limited mtn bike (peddling motion not goc
Other sport skills/experience?	—	Medications	gabapentin, meloxicam, tamsulosin, atorv hydroxyurea
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	avocado kiwi penicillin sulfa
		Need to limit activities?	any sitting activity is good, standing not g
		Primary Care Physician name	—