

**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](mailto:billing@neonone.com) for more information.

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**Magnolia Tarvin** #25961  
Last edited by Binh Wakeford on Nov 14 at 4:34 PM

Messages Notes

1/5

Generosity Indicator

1/5

Affinity

1/5

Recency

1/5

Frequency

1/5

Monetary Value

All Time
Annual
Fiscal

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

All Time Generosity Total **\$0.00**

Configure
Edit

NAME	MEMBERSHIP
First: Magnolia	Account Current: —
Middle: —	Membership Status: —
Last: Tarvin	Membership Term: —
Preferred: Magnolia	Membership Level: —
Prefix: —	Membership Directory: —
Suffix: —	Directory Opt-In Status: Automatically Opted In
Salutation: —	

ACCOUNT DETAILS	CONTACT
Type: Athlete	Phone:  (858) 361-3687
Source: —	—
Household: —	—
Employment: —	— Fax
Gender: Female	— SMS/MMS Number
Birthday: Jan 31, 2014	Email: marcitarv@gmail.com <span>...</span>
Login: Mtarvin	Address: <div style="display: flex; justify-content: flex-end; gap: 5px; margin-bottom: 5px;"><span>Copy</span> <span>Map</span></div> 133 Woodall Drive 78628 Georgetown, TX 78628-0909
Login Confirmed <span>!</span> : —	County: —

GENERAL INFORMATION	DATA PRIVACY & CONSENT
SNOW BALL ASSIGNED SOLICITOR: —	SMS/MMS: <b>Not Asked</b>
2022 SNOW BALL SPECIAL NOTES: —	
2020 SNOW BALL SPECIAL NOTES: —	
Logo Pathway: —	ATHLETE

Preferred Contact Method	—	Parent/Guardian Name(s) (If under 18)	Marci Tarvin
Preferred Contact Reason	—	Are you registering with ASPNM as a	Athlete
Texting ok at Phone 1?	—	Athlete contact person relationship to Athlete	Mother
Emergency Contact Name	—	Start year with ASPNM	—
Emergency Contact Phone Number	—	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	—
Interested in winter program	—	Ethnicity	Not Hispanic or Latino
Ski Area	—	Race	White
Staff Only: waiver due date	—	Military Service	None
<b>VOLUNTEER</b>		DD-214 #	—
Volunteer Interests	—	Are you considered a Wounded Warrior?	No
How did you hear about ASPNM?	—	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)	Not a Veteran
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	5'4"
Have you ever taught Adaptive Sports of any kind?	—	Weight	100
Have you ever taught Skiing and/or Snow Boarding?	—	Type of Disability	Attention Deficit Disorder
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.	Fearful and needs lots of explanation
PSIA or AASI certification (or other professional Snowsport certification)	—	What type of skiing/riding do you think you will be doing	—
Summer Sports certifications, skills, and years experience?	—	What functions are affected?	May freeze
Summer Sports equipment owned?	—	Current activities	—
Other sport skills/experience?	—	Medications	—
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	No
		Need to limit activities?	—
		Primary Care Physician name	—
		Primary Care Physician phone	—