

**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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**Michael Murphy** #25984  
Last edited by Binh Wakeford on Dec 16 at 4:21 PM

Messages Notes

4.4/5

Generosity Indicator

All Time Annual Fiscal

**\$0.00**

Donations

**0.00**

Volunteer Hours

**\$900.00**

Event Registrations

**1**

Event Attendance

**\$0.00**

Memberships

**\$0.00**

Soft Credits

**\$0.00**

Store Purchases

All Time Generosity Total **\$900.00**

Find account section

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NAME	
First	Michael
Middle	—
Last	Murphy
Preferred	Michael
Prefix	—
Suffix	—
Salutation	—

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

ACCOUNT DETAILS	
Type	—
Source	Online/Internet
Household	—
Employment	—
Gender	Male
Birthday	Sep 11, 1984
Login	annlhod <small>Last logged in: Nov 18 at 2:01 PM</small>
Login Confirmed	—

CONTACT	
Phone	(505) 353-2757
	—
	—
	Fax
	—
	SMS/MMS Number
Email	michael.r.murphy.ttu@gmail.com
	—
	—
Address	5209 Vista Bonita NE ALBUQUERQUE, NM 87111
	—
	County
Online	—

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

DATA PRIVACY & CONSENT	
SMS/MMS	Declined

ATHLETE	

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	Randi Lynn Murphy	Start year with ASPNM	2022
Emergency Contact Phone Number	rfroehli@gmail.com	Seasons with ASP	—
Interested in summer program	—	Annual Household Income	Prefer not to say
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?	—
How did you hear about ASPNM?	Michael and Randi Murphy	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	6'2"
Have you ever taught Adaptive Sports of any kind?	—	Weight	190
Have you ever taught Skiing and/or Snow Boarding?	—	Type of Disability	Spinal cord injury
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.	Spinal cord injury the result of chemotherapy
PSIA or AASI certification (or other professional Snowsport certification)	—	What type of skiing/riding do you think you will be doing	Sit Down Skiing - Mono Ski
Summer Sports certifications, skills, and years experience?	—	What functions are affected?	Spinal cord injury resulted in inability to w some upper body mobility issues
Summer Sports equipment owned?	—	Current activities	Goes on accessible trails with either the hand/power tricycle or the Firefly wheelch attachment.
Other sport skills/experience?	—	Medications	TBA
		Seizures	No
		If yes, date of last seizure	—
		Food or medication allergies	TBA
		Need to limit activities?	TBA
		Primary Care Physician name	—