

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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Michael Adams #23302

Last edited by Binh Wakeford on Dec 16 at 4:20 PM



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Generosity Indicator

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\$1,221.63 Donations	0.00 Volunteer Hours	\$6,376.00 Event Registrations
74 Event Attendance	\$0.00 Memberships	\$0.00 Soft Credits
\$0.00 Store Purchases		

All Time Generosity Total \$7,597.63

Configure Edit

NAME	
First	Michael
Middle	—
Last	Adams
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	Athlete
Source	Online/Internet
Household	Adams Family Household Name Adams Family Household Salutation
Employment	—
Gender	Male
Birthday	Nov 23, 2000
Login	michelletb@me.com Last logged in: Dec 22 at 3:43 PM
Login Confirmed	—

CONTACT	
Phone	(505) 291-9576 (505) 835-8394
Fax	—
SMS/MMS Number	—
Email	michelletb@me.com
Address	1205 Pinnacle View Dr Albuquerque, NM 87112
County	—
Online	—

GENERAL INFORMATION	
SNOW BALL ASSIGNED SOLICITOR	—
2022 SNOW BALL SPECIAL NOTES:	—

DATA PRIVACY & CONSENT	
SMS/MMS	Not Asked

ATHLETE	

2020 SNOW BALL SPECIAL NOTES:	—	Parent/Guardian Name(s) (If under 18)	—
Logo Pathway:	—	Are you registering with ASPNM as a	Athlete
Preferred Contact Method	Unknown	Athlete contact person relationship to Athlete	Parent
Preferred Contact Reason	All Correspondence	Start year with ASPNM	2010
Texting ok at Phone 1?	—	Seasons with ASP	2
Emergency Contact Name	Michelle Griffith	Annual Household Income	90,000 or more
Emergency Contact Phone Number	5059771585	Ethnicity	Not Hispanic or Latino
Interested in summer program	—	Race	White
Interested in winter program	Yes	Military Service	None
Ski Area	Ski Santa Fe	DD-214 #	NA
Staff Only: waiver due date	—	Are you considered a Wounded Warrior?	No
		Date of Injury	—
		Which Military Branch did you serve in (select all the apply)	Not a Veteran
VOLUNTEER		Height	5'4"
Volunteer Interests	—	Weight	125
How did you hear about ASPNM?	—	Type of Disability	Cerebral Palsy
Why would you like to be a part of the ASPNM?	—	Description of disability. Please include anything that you would like ASP to know that has not been addressed.	Affects physical functions in all 4 limbs.
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?	—	What type of skiing/riding do you think you will be doing	—
Have you ever taught Adaptive Sports of any kind?	—	What functions are affected?	Walking, self help functions
Have you ever taught Skiing and/or Snow Boarding?	—	Current activities	Biking, skiing, rock climbing.
Taught Adaptive Ski/Snowboard prior to ASPNM?	—	Medications	None
PSIA or AASI certification (or other professional Snowsport certification)	—	Seizures	No
Summer Sports certifications, skills, and years experience?	—	If yes, date of last seizure	—
		Food or medication allergies	Peanuts
		Need to limit activities?	No
		Primary Care Physician name	Alwyn Koil
		Primary Care Physician phone	883-9570