



MEMBERSHIP FORM

180 Poplar Avenue, Winnipeg, MB, R2L 1M1

DATE: _____

Annual Membership Renewal Fee is \$50 (Fee covers: \$30 Local Colour Art Group; \$20 Elmwood/East Kildonan Active Living Centre) BOTH LCAG + EEKALC FORMS MUST BE SUBMITTED.

Registration Options: NEW

- 1. Mail in + cheque
- 2. [Online + etransfer](#)
- 3. Drop into LCAG Mailbox in art room + cash/cheque
- 4. GM in September + cash, cheque, etransfer, or Square

Payment options:

Cheque: made out to Local Colour Art Group; **Cash:** in person only; **E-**

Transfer: localcolourart@gmail.com

(Please make only ONE payment for \$50)

Name:	email:
Address:	
Postal Code:	Phone #:
FB name: IG name:	

***Has your address, phone number or email changed since last year?** Yes__ No__

NOTE:

Local Colour Art Group does not assume responsibility for any claims, demands, damages, actions or causes of actions arising out of or in consequence on any loss, injury or damage to any person incurred while attending at or participating in activities organized, sponsored or carried out by Local Colour Art Group.

PLEASE SIGN BELOW

Signature: _____

OFFICE USE ONLY RENEWAL (circle one) NEW Cash Cheque No: _____ Or E-Transfer Date Processed: _____

MAIL IN OPTION to:

**LINDA MCCALLUM
50072 MUN 22E**

Phone: 204-669-0750 180
eekalc@gmail.com Winnipeg,

Elmwood - East Kildonan Active Living Center



Seniors Helping Seniors and their Community

Poplar Avenue Email:
MB, R2L 2C3

MEMBERSHIP FORM

Annual Membership is \$20

General information

Last name: _____ First name: _____ Date of Birth: _____ (month/day/year)

Mailing Address

Address: _____ Apt. #: _____ City: _____ Postal Code: _____

Contact information

Email: _____ Home phone number: _____

Cell number: _____

Emergency Contact

Last name: _____

First name: _____

Relation to you: _____

Phone number: _____

For Office Use Only:
20____: New Member____ Renewal ____
Date Received: _____

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Date Received: _____

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Date Received: _____

Health information

Allergies: _____

Health conditions that you would like to disclose: _____ Activities

License Plate: _____ Make and Model of Vehicle: _____

Please check any groups that you are participating in:

Bingo

Billiards/Pool

Canasta

Carpet Bowling

Darts

EK Café

Floor Curling

Local Colour Art Group

Men's Shed

Tai Chi

Wood Carvers

Women's Woodworking

Woodshop Drop-in

Yoga

Volunteer Application

Last name: _____ First name: _____

Preferred name: _____ Date of Birth: _____

What are your special skills, interests, or hobbies?:

Committee work/Governance: ___ Board of Directors

Special Events: ___ General Volunteer

Programming: ___ Teaching a workshop

Communications: ___ Sending cards/calling members

Maintenance: ___ Room set-up/clean-up ___ Yard Work

Food Services: ___ Café/Lunches ___ Special Events ___ Frozen meal aid