



Seniors Helping Seniors and their Community

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: _____

Health information

Allergies: _____

Health conditions that you would like to disclose: _____

Activities

License Plate: _____ Make and Model of Vehicle: _____

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

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Date Received: _____

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Date Received: _____

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