

Membership Renewal Form

OCTOBER 2019-JANUARY 15, 2020 \$25 \$30.00 after January 15th

Surname: _____

Given Name: _____

Preferred Name: _____

Birth Date (MM/DD): _____

Yes you can share my birthdate with AM1250

Changes only

Phone Number: _____

E-mail Address: _____

Mailing Address: _____

City/Town: _____

Postal Code: _____

Preferred method for receipt of newsletter:

By indicating e-mail I consent to receiving any information sent on behalf of the Pat Porter Active Living Centre

Mail: E-mail: Pickup:

I agree to abide by Serving Seniors Inc. policies and by-laws.

Print Name: _____ Signature: _____

Membership:

- Is voluntary and shows support for the Centre.
- Offers discounts on some programs.
- Is a voice in business meetings and voting rights.

Please check your interests:

Fitness/Wellness _____ Volunteer _____

Social/Leisure _____ Board/Committees _____

Educational _____ Rental Set Up _____

OTHERS? (please list) _____

FOR OFFICE USE ONLY:

Date received: _____

Received by: _____

Cash: Cheque: Visa: Mastercard: