

**CHARLESWOOD SENIOR CENTRE
APPLICATION FOR MEMBERSHIP**

Name _____
Surname Given Name Initial

Spouse's Name _____
Surname Given Name Initial

Address _____ Postal Code _____ Phone No. _____

Email: _____

MEMBERSHIP FEES:

\$20.00 per person (1 year from the time of sign up)

Interests: _____

Are you able to help with carpools for programs?

- Yes
- No

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____

Health Conditions/Concerns (Including Food Allergies) _____

Applicant's Signature _____ Date _____

Would you like to volunteer? Yes _____ No _____