

WESTEND SENIORS ACTIVITY CENTRE

9629 176 Street, Edmonton, Alberta T5T 6B3

Phone: 780-483-1209 Fax: 780-484-7738

MEMBERSHIP APPLICATION FORM



Office Use Only

Date Entered:
____/____/____
month day year

Amount Paid:
\$ _____

JOIN DATE _____

FIRST NAME

INITIAL

LAST NAME

____/____/____
DATE OF BIRTH (M/D/Y)

PHONE NUMBER

E-MAIL

ADDRESS

CITY _____ PROVINCE _____ POSTAL CODE _____

GENDER: FEMALE MALE

For statistical purposes for our funding please check off one of the following:

MARRIED: YES NO

LIVE ALONE: YES NO



EMERGENCY CONTACT (MUST BE COMPLETED)

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____

1. Do you have allergies? YES NO

(If yes please list) _____

2. Are there medical conditions or medication that the staff should note in case of an emergency at the centre?

3. Do you have interests, hobbies or acquired skills? If so,

a) What are your areas of interests?

b) Are you willing to share these with others by

- Assisting with projects at the centre? YES NO

- Instructing others? YES NO

4. Former Occupation? _____

5. We rely on our members to volunteer at the centre.

Please indicate what areas may interest you:

- | | |
|---|---|
| <input type="checkbox"/> Office assistance | <input type="checkbox"/> Plant Maintenance |
| <input type="checkbox"/> Building and Maintenance Committee | <input type="checkbox"/> Special Events Committee |
| <input type="checkbox"/> Outreach Committee | <input type="checkbox"/> Monthly Phone calls |
| <input type="checkbox"/> Kitchen Helper/Coffee Host/Cashier | <input type="checkbox"/> Library Committee |
| <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Travel Committee |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Program Committee |
| <input type="checkbox"/> Extra Projects | |

SIGNATURE

____/____/____
DATE (M/D/Y)