Kanata Seniors Council Inc.

MEMBERSHIP APPLICATION FORM

Last Name: …….. **First Name:…….**
Please print

Address:…… Apt.:……..…….

City:…….. **Postal Code:……...**

Phone#:…… **E-Mail:……...**

Are you interested in volunteering in any of the following areas? Please circle

Advocacy Outreach Health Team Grants Computer Training Sponsorship Newsletter Travel Team Council Events Team Coffee Shoppe Board Member Finance Honours & Awards Team Centre Advisory Team Communications & PR

Are there any activities not listed above that you think our members would be interested in?

……

……

Signature: _____ Date:_____

I am informed that the information on this form will not be shared or provided to any other organization or agency and that any photographs taken at the Seniors' Centre may be posted on the web site, the newsletter or the bulletin board.

>>>>>>>>>>>>>>>>>>>>office use only>>>>>>>>>>>>>>>>>>>

Application:. New, Data Change, Card # …….

Membership type: Active Associate

Month/year	Data Change (Y or N)	Entered In DB		Month/year	Data Change (Y or N)	Entered in DB	
2010				2013			
2011				2014			
2012				2015			