



The Little Bay
COAST CENTRE FOR SENIORS INC.

Receipt #: _____
Recorded: ___ / ___ / ___ <i>(Office use)</i>

MEMBERSHIP APPLICATION

I, (Mr/ Mrs / Miss / Ms): _____
Full name of Applicant (please print)

of _____
Address (please print)

hereby apply to become a member of **The Little Bay Coast Centre for Seniors Inc.** Upon my admission as a member, I agree to be bound by the rules of the Association, and understand that my application is subject to ratification at the next Management Committee Meeting. I also understand that members must be aged 55 or over, and not working full-time.

Signature of Applicant

Date

_____/_____/_____
Date of Birth

I.D. sighted (Office use)

Home Phone: _____ Mobile: _____

Email Address: _____

Name of Emergency Contact: _____

Emergency Contact Phone: _____ Mobile: _____

Are you an ex-serviceman or woman / war widow or widower? _____

Language(s) spoken other than English: _____

Have you been barred from a club or organization similar to this Centre? _____

How did you find out about the Coast Centre? _____

Classes/activities of interest to you: _____

Have you any interests/skills you would like to pass on to others? _____
