



**Parksville Seniors Activity & Drop In Centre**  
MEMBERSHIP APPLICATION FORM

**Today's Date:** \_\_\_\_\_

**Name:** First: \_\_\_\_\_ Last: \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Mailing Address** (if different): \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

Would you like to be on our email list? (Please initial) Yes \_\_\_\_\_ No \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Date of Birth** (optional): \_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_ Telephone \_\_\_\_\_

**Are you a new member?** \_\_\_\_\_

**What Activities** are you most interested in? \_\_\_\_\_

**Would you be willing to volunteer?** \_\_\_\_\_

**OFFICE USE ONLY**

<u>Year</u>	<u>Paid</u>	<u>Date</u>	<u>Membership No.</u>
2018	_____	_____	_____
2019	_____	_____	_____
2020	_____	_____	_____
2021	_____	_____	_____
2022	_____	_____	_____