

Parksville Seniors Activity & Drop In Centre  
MEMBERSHIP APPLICATION FORM

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

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

Current Address: \_\_\_\_\_ Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

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

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

Would you like to be on our email list? Yes \_\_\_\_ No \_\_\_\_

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

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

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

What activities are you interested in? \_\_\_\_\_

**OFFICE USE ONLY**

2021 \_\_\_\_\_

2022 \_\_\_\_\_

2023 \_\_\_\_\_

2024 \_\_\_\_\_

2025 \_\_\_\_\_