



# Membership / Donation Form

## Seniors Outreach Services

 New  
 Renewal

Date \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Female Male  
First Name Initial Last Name mm dd yyyyAddress \_\_\_\_\_  
Street, Box No, RR#  
\_\_\_\_\_  
City/Town Postal CodeTelephone (H) \_\_\_\_\_ E-mail \_\_\_\_\_  
(Cell) \_\_\_\_\_Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_  
First Name Initial Last Name




Married/Partner Single Do you live alone? Yes No

**Please Read:**

- A membership is required in order to participate in the Social and Fitness Programs offered by 55+ and to vote at the Annual General Meeting.
- Providing your email address grants permission for Seniors Outreach Services to send newsletters and information to the member. You may request removal from our mailings at any time. Seniors Outreach Services protects its members through our privacy policy.
- It is recommended that you discuss any exercise program with your Doctor before you begin. SOS volunteers, staff, and board are not liable for any damages or injury of any type while participating in any activity. If you agree, please sign below.

"I have read, understood and completed this form. Any questions I had were answered to my full satisfaction."

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<input type="checkbox"/>	Cheque payable to Seniors Outreach Services	Single	Jul	1Year	\$26	2Year	\$50
			Aug		\$23		\$45
			Sept		\$20		\$40
<input type="checkbox"/>	  	Household	Jul		\$50		\$100
			Aug		\$45		\$ 90
			Sept		\$40		\$ 80

**Donations are appreciated.** A charitable donation receipt for income tax purposes will be provided.

**Charitable Registration #119013316RP001**

Membership: Renewal \$35

\$ \_\_\_\_\_

Donation: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

L&A Seniors Outreach Services  
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