

New Member Information Form 2010
Centres for Seniors Windsor



McEwan Avenue Centre
 635 McEwan Avenue
 Windsor, ON N9B 2E9
 519-254-1108

East Side Centre
 8787 McHugh Street
 Windsor, ON N8S 0A1
 519-944-1403

Start Date _____

Mr. Last Name _____ First Name _____
 Mrs.
 Ms.

Street Address _____ Apartment _____

City _____ Province _____

Postal Code _____

Former Occupation _____

Phone # _____

Date of Birth _____ Male Female

Language _____

Doctor's Name _____ Doctor's Phone # _____

Housing _____ License Plate # _____

Marital Status _____ Spouse's Name _____

Cost: Individual \$90, Member & Spouse \$150

Annual Membership:		Individual Member	\$ _____
		Member & Spouse	\$ _____
Payment Plan Option: Jan. _____ Feb. _____ Mar. _____			
Amt. Pd/Date/Initials _____			
<input type="checkbox"/> Cash		<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa
		<input type="checkbox"/> Mastercard	ESC ____ McE ____
_____		_____	
Card Number		Expiry Date	
<i>I agree to adhere to the published Responsibilities of Membership and understand that photos taken during events and activities may be published in Centres for Seniors Windsor promotional materials.</i>			
_____		_____	
Member Signature		Date	
Processed: NT__ Date _____		EX _____ Date _____	