

MEMBERSHIP APPLICATION

Centres for Seniors Windsor



Goyeau Street Senior Centre
706 Goyeau Street
Windsor, Ontario N9A 1H6
(519) 254-1108

Edward Street Senior Centre
1150 Edward Street
Windsor, Ontario N8S 3A1
(519) 944-1403

Our Mission is: "To provide opportunities for older adults to enrich and to enhance their lives and the lives of others".

Please **print** information clearly. This form must accompany your payment.

Mr.	Mrs.	Ms.	Last Name	First Name	Middle Initial	M	F

Address: _____
(if changed) (Number) (Street) (Apartment Number)

_____ (City / Town) (Postal Code)

House Condominium Apartment Care Facility

Phone Number: _____ E-mail Address: _____

Date of Birth: _____ Single Married Divorced Widowed

Is Spouse a Member? Yes No First Name of Spouse: _____

Spouse's Date of Birth: _____

For Parking Permit:

License 1: _____ License 2: _____

Languages spoken: _____

Hobbies / Interests: _____

Occupation / Retired From: _____

Are you interested in becoming a volunteer? Yes No

PLEASE COMPLETE THE BACK OF THIS PAGE →

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EMERGENCY CONTACT PERSON:

Name: _____

Address: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Relationship: _____

Renewal New

Full Year Annual Membership (January 1st - December 31st) _____ X \$37.00 = _____

Partial Year Pro-rated Membership _____ months X \$5.50 = _____

Cash Cheque Mastercard VISA **Total \$** _____

Cheque / Card Number

Expiry Date

Signature

PLEASE MAKE CHEQUE PAYABLE TO: **CENTRES FOR SENIORS WINDSOR**

How did you learn about Centres for Seniors Windsor?

Friend Family Community Event

Website Mall Display Promotional Literature

Radio TV Newspaper

Why are you becoming a member?

Fitness Discounts Pursue a Hobby

Meet New People Educational Opportunities

Comments About the Centres are Welcome: _____

Note: Comments may be used in Centres' promotional materials.

FOR OFFICE USE ONLY

Date Received: _____

Date Processed: _____

Membership Number: _____

Spouse Membership # _____

Processed By: _____

