



Golden Years Society

New Member Application Form

DATE:						
NAME:						
ADDRESS:						
CITY:				POSTAL CODE:		
CELL#:				HOME #:		
EMAIL:						
BIRTHDATE:	DAY		MONTH		YEAR	

EMERGENCY CONTACT	
Name:	Name:
Relationship:	Relationship:
Home #:	Home #:
Work #:	Work #:
Cell #:	Cell #:

Do you consent to have your month & date of birth published in our newsletter?

YES

NO

Signature: _____

Photo Release: Random pictures may be taken during different events and may be published. If you do not want your picture taken, please remove yourself.

Do you have any allergies or medical issues we should be aware of:

Allergy/Condition:_____

Reaction:_____

Treatment required:_____

Would you make use of the Golden Years' Bus?

- Yes
- No
- Sometimes

This Society is operated by volunteers. Would you be willing and available to volunteer some of your time to the centre?

- Yes
- No

Do you have any skills, talents, or hobbies that you would be willing to volunteer with the centre? Example: Electrician, carpenter, knitter, musician, etc.