

Pembina Active Living (55+)



"Enhancing the Lives of Older Adults of South Winnipeg"

R.P.O. Box 34056, Winnipeg, MB R3T 5T5

info@pal55plus.com 204.946.0839

APPLICATION FOR MEMBERSHIP September 1, 2018 to August 31, 2019

Fees are payable to: Pembina Active Living (55+)

Name: _____
Surname Given Name Initial

Second Family Member* (same household): _____
(if applicable) Surname Given Name Initial

Full Address: _____
City/Town Province Postal Code

Email: _____

Primary Phone: _____ 2nd Phone: _____

Emergency Contact Information

Full Name: _____ Relationship: _____

Primary Phone: _____ 2nd Phone: _____

*Please include additional information on back of form if 2nd family member contact and emergency information, etc. is different than 1st family member. Thank you.

In case of an emergency, 911 will be contacted.

Please consider the contribution you can make to PAL (55+) and the community through volunteering in your area(s) of interest, experience or expertise. We ask you to check one or more of the following and you will be contacted by the Committee Chair to discuss opportunities for involvement.

- | | | |
|--|---|---|
| <input type="checkbox"/> Catering Committee | <input type="checkbox"/> Communications Committee | <input type="checkbox"/> Finance Committee |
| <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Governance Committee | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Programming Committee | <input type="checkbox"/> Programming Convenor | |
- Other (please specify) _____

If you are a new member, how did you hear about PAL (55+)?

- I understand that Membership Fees are non-refundable and will not be pro-rated.***
- I understand that Membership is not transferable to another person.***
- I understand that photographs are taken at PAL (55+) events and programs; and these photos may be used in PAL (55+) promotional materials.***
- I understand that Pembina Active Living (55+) is committed to protecting the privacy of my personal information in accordance with the Personal Information & Electronic Documents Act (Canada).***

I agree to receive by email PAL (55+) newsletters, updates, and promotions regarding events and activities of interest. I can withdraw my consent at anytime.

Applicant's Signature _____ Date _____

New Member
 Returning Member
Receipt required:
Yes No

OFFICE USE ONLY

Membership fees:

Individual \$20.00 _____

Family (2) \$30.00 _____

(same household)

LIFETIME

Individual \$250 _____

Family (2) \$400 _____

Paid by: Cheque _____

Cash _____

Member No.: _____

Member No.: _____