

2018-2019 MEMBERSHIP APPLICATION Eganville & District Seniors

I hereby apply for membership in the Eganville & District Senior Citizens' Needs Association for the year of April 1, 2018 to March 31, 2019.

Name:	Pnone:
Address:	
Postal Code: Muni	cipality:
E-mail address:	Are you a Veteran:
Date of Birth:	
Marital status:	
This membership is a: Renev	val New membership
A donation of \$5 would be appreciated to help with processing and printing our membership cards. *Membership is mandatory for insurance purposes.*	
I have read the Code of Conduct and Responsibility of Membership and agree to abide by its standards of behaviour.	
Signature:	Date:
I give Eganville & District Seniors permission to have my picture taken for possible use in promotional material. Yes No Would you like us to call you with information about our services and activities? Yes No	
Check the volunteer positions you might be interested in:	
Envelope Stuffing Euchre Fundraising Exercise Meals on Wheels Office F Telephone Assurance Volunte	er Driver Other
Are you bilingual: Yes	No

The Eganville & District Seniors is committed to the protection of all personal information collected. A copy of our privacy policy can be requested from the office. The personal information contained in this file is confidential and will not be shared with other organizations. It will be used to maintain a record of the members of our organization and to inform members about upcoming events, activities and fundraising efforts and only shared in compliance with the Ontario Corporations Act.