

Ridge Meadows Seniors Society



Membership Application Form

Date of Application: _____

Member Number	_____	Date of Birth	_____
First Name	_____	Enter in Month, Day, Year Format	
Last Name	_____		
Street Address	_____		
City Province	_____		
Postal Code	_____	Phone Number	_____
E-Mail Address	_____		

Emergency Contact Information

Spouse's Name	_____
Spouse's Phone Number	_____
Emergency Contact Name	_____
Relationship	_____
Emergency Contact Phone Number	_____

Okay to Contact Me for Special Events

Yes, I want to save paper.
Please e-mail the Grapevine

Yes, I Would Like to Volunteer

Activity Group Leader

Reception	<input type="checkbox"/>	Special Events	<input type="checkbox"/>
Lounge	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>
Lunch Cashier:	<input type="checkbox"/>	Pitt Meadows	<input type="checkbox"/>
Other - Please Specify	_____		

I understand that by becoming a RMSS member the collection, use, and disclosure of my personal information will be used internally by RMSS for the purposes of recruiting volunteers, emailing the grapevine, in case of emergency and invitations to events.

DATE PAID: _____
MO. DAY YEAR

Amount: \$ _____