

## **Ridge Meadows Seniors Society**

## **Membership Application Form**

Date of Application:	

OFFICE USE ONLY
MEMBER #

Member Information				
First Name				
Last Name				
Home Phone		Cell Phone		
Address				
City/Province				_
Postal Code		Date of Birth	MM / DD / YR	90
Email				_
How did you hear abo	out us?			_
Emergency Contact In	nformation			
First Name				
Last Name				
Cell Phone		Work Pho	ne	
Relationship				
Volunteer Opportunit	ies - Yes I would like to	volunteer	No I am not interested	]
	Location A	vailability:		
Maple Ridge	Pitt Meadows	Both Loca	tions	
Check the volunteer roles you are interested in:				
Reception	Special Events	Activity G	roup Leader	
Income Tax Prep	Kitchen	Driver		
Coffee Shop	Lunch Cashier	Wellness	Clinic	