



PROGRAMS AND SERVICES FOR SENIORS
PROGRAMMES ET SERVICES POUR LES AÎNÉS

Contactivity Centre

MEMBERSHIP FORM

PLEASE PRINT CLEARLY:

Last Name: _____

First Name: _____

Date of Birth: _____ / _____ / _____
D / M / Y

Address: _____ Apt #: _____

City: _____

Postal Code: _____

Home Telephone: (____) _____

Mobile Phone: (____) _____

Email: _____

Languages Spoken: English French
 Other: _____

Occupation (former and/or present): _____

Do you use a walking aid?
 Yes No

If yes, please select the type of aid
 Walker Cane

Do you use Adapted Transport?
 Yes No

Emergency contact:

Name: _____
Home Phone: (____) _____
Work Phone: (____) _____

Relationship: _____
Mobile: (____) _____
Email: _____

2nd Emergency contact:

Name: _____
Home Phone: (____) _____
Work Phone: (____) _____

Relationship: _____
Mobile: (____) _____
Email: _____

How did you hear about the Centre?

- Website
- Member
- Friends or Family
- Newspaper
- Health Care or Social Worker
- Other: _____

Medicare card number (in case of emergency)

Are you interested in volunteering at the Centre?

- Yes
- No

If yes, please select volunteer interests:

- Telecheck
- Intergenerational Projects
- Baking
- Help Serving Lunches
- Craft Sales
- Medical Accompaniment
- Friendly Calls
- Friendly Visits
- Special Events
- Birthday Calls
- Other: _____

DONATION: Contactivity relies on donations to help fund our programs, activities, lunches and celebrations. Please consider [making a donation via cheque or online \(contactivitycentre.org\)](http://contactivitycentre.org). We are a registered charity and tax receipts are issued for donations of \$15 and over.

Amount Enclosed or Paid Online.

MEMBERSHIP FEE (\$20.00): _____

MEMBERSHIP FEE & MAILING (\$45.00): _____

DONATION: _____

TOTAL: _____