

CENTRAL SAANICH SENIOR CITIZENS ASSOCIATION

1229 Clarke Road, Brentwood Bay, BC, V8M 1E2 250-652-4611

MEMBERSHIP APPLICATION FORM

Personal information:

Surname: _____ First Name: _____

Address: _____

_____ Postal Code: _____

Phone Number: _____ Birthdate: Month: _____ Day: _____ Year: _____

Email: _____

New Member Profile:

Please indicate which of our current activities you would like to participate in:

Aerobics - Mild	
- Moderate	
Art - Appreciation	
- Painting	
Bingo	
Book Club	
Cards - 500 Club	
- Bridge	

- Cribbage	
Choir - Songbirds	
Dancing – Scottish Country	
Jammin Seniors	
Knitting / Crafts	
Lunch Bunch – Eating Out	
Pool – Billiards / Snooker	

Pot Luck Lunch	
Scrabble	
Sunday Social	
Trips / Tours	
Walking Group	
Weaving	
Writing Circle	
Yoga - Chair	

Please enter any other activities or hobbies you may be interested in:

Volunteers are the cornerstone of our operation. We look forward to all members contributing their time, talent and ideas to the measure of their capability. **Our Bingo** is a major source of income. This, along with the operation of our facilities by our members, is the reason we are able to maintain our annual dues at such a reasonable level.

According to your experience and skills, please indicate where you are willing to help:

Accounting / Finance	
Baking / Serving for events	
Bingo – Team Leader	
- Caller	
- Cashier	
- Checker	
- Tea / Coffee	
Crafts / Arts / Painting	

Graphic Design / Posters	
Handyperson	
Health / Wellness	
Music - Choir	
- Pianist	
Newsletter - Photography	
- Reporting	
- Writing / editing	

Office – General Reception	
-Computer Skills	
Organizer of - Activities	
-Events	
-Travel /Tours	

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE OF THIS FORM.

Our Association publishes a membership list on an annual basis. This list is made available to other member only, for us in CSSCA sponsored programs, activities and special events.

How did you hear about "The Centre"? _____

Please sign below indicating that you have read and understand this form and would like to become a Member of our Association.

Signature

Date

Please let us know who we should contact on your behalf in the event of an emergency by completing the attached "Emergency Contact" form.