



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 #: _____ Birthdate: (M) _____ (D) _____ (Y) _____

Email: _____

New Member Profile:

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

Aerobics - Mild	<input type="checkbox"/>
- Moderate	<input type="checkbox"/>
Art - Appreciation	<input type="checkbox"/>
- Painting	<input type="checkbox"/>
Bingo	<input type="checkbox"/>
Cards - 500 Club	<input type="checkbox"/>
- Bridge	<input type="checkbox"/>
- Cribbage	<input type="checkbox"/>
- Poker (Social)	<input type="checkbox"/>

Carpet Bowling	<input type="checkbox"/>
Choir - Songbirds	<input type="checkbox"/>
Dancing - Line	<input type="checkbox"/>
- Scottish Country	<input type="checkbox"/>
Darts	<input type="checkbox"/>
Knitting / Crafts	<input type="checkbox"/>
Lunch Bunch - Eating Out	<input type="checkbox"/>
Mah Jong	<input type="checkbox"/>
Pool - Billiards / Snooker	<input type="checkbox"/>

Pot Luck Lunch	<input type="checkbox"/>
Scrabble	<input type="checkbox"/>
Shuffleboard	<input type="checkbox"/>
Sunday Social	<input type="checkbox"/>
Table Tennis	<input type="checkbox"/>
Tai Chi	<input type="checkbox"/>
Trips / Tours	<input type="checkbox"/>
Walking Group	<input type="checkbox"/>
Weaving	<input type="checkbox"/>

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	<input type="checkbox"/>
Baking / Serving at Teas	<input type="checkbox"/>
Bingo - Team Leader	<input type="checkbox"/>
- Caller	<input type="checkbox"/>
- Cashier	<input type="checkbox"/>
- Checker	<input type="checkbox"/>
- Tea / Coffee Prep.	<input type="checkbox"/>
Contact / Visit Shut Ins	<input type="checkbox"/>
Crafts / Arts / Painting	<input type="checkbox"/>
First Aid	<input type="checkbox"/>
Graphic Design / Posters	<input type="checkbox"/>

Handyman - Carpentry	<input type="checkbox"/>
- Electrical	<input type="checkbox"/>
- Painting	<input type="checkbox"/>
- Plumbing	<input type="checkbox"/>
Health / Wellness	<input type="checkbox"/>
Host / Hostess / MC	<input type="checkbox"/>
Maintenance / Janitorial	<input type="checkbox"/>
Minutes Recorder	<input type="checkbox"/>
Music - Choir	<input type="checkbox"/>
- Pianist	<input type="checkbox"/>
- Other Instruments	<input type="checkbox"/>

Newsletter - Publishing	<input type="checkbox"/>
- Reporting	<input type="checkbox"/>
- Writing / editing	<input type="checkbox"/>
Office - General	<input type="checkbox"/>
- Computer	<input type="checkbox"/>
- Reception	<input type="checkbox"/>
Organizer of: - Activities	<input type="checkbox"/>
- Events	<input type="checkbox"/>
- Travel / Tours	<input type="checkbox"/>
Serve on The Centre Board	<input type="checkbox"/>
Telephone Committee	<input type="checkbox"/>

PLEASE TURN OVER ...



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MEMBERSHIP APPLICATION FORM CONT'D

In the event of an emergency, please let us know who we should contact on your behalf.

Emergency Contact:

First Name: _____ Surname: _____

Phone #: _____ Cell Phone: _____

Relationship: _____

Doctor Name: _____ Phone #: _____

Our Association publishes a membership list on an annual basis. This list is made available to other members only, for use 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