

**Almage Senior Community Center
Membership Application**

Please Print

Name: _____

Maiden Name (if applicable): _____ Female Male

Address: _____ Apt. # _____

City: _____ Province: _____ Postal Code: _____

Telephone # (including area code): (____) _____

e-mail: _____

Date of Birth: Month _____ Day _____ Year _____

Marital Status: Single Married Divorced Widowed

Mother Tongue: English French Other (specify) _____

Former Occupation: _____

Emergency Contact:

Name: _____ Relationship: _____

Telephone # (including area code): (____) _____

Would you like to volunteer? Yes No

If yes, in what area?: Kitchen Programs Driver Shopper Friendly Visitor
 Other (specify) _____

Applicant's Signature

Date

Please take note that this form is for **office use only**, and will remain **CONFIDENTIAL**. **Thank you and Welcome!**

For Office Use Only

Member Since: _____