



2017 - 2018 Membership Application Form

Membership valid until the 2018 Annual General Meeting

Please make cheque payable to West End Seniors' Network.
Submit completed form and payment to 1447 Barclay Street,
Vancouver, BC, V6G 1J6.

Today's Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>
MM	DD	YYYY

I am a first time member:

Yes No

I would like information about volunteer opportunities:

Yes No

Payment	
<input type="checkbox"/> Annual Membership Fee	\$ 10.00
Add: <input type="checkbox"/> Newsletter Postage Fee	\$22.00
Add: <input type="checkbox"/> Donation to WESN	\$ _____
Total \$ _____	
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
Tax receipts issued for donations \$10.00 and over.	
Charitable Business Number: 119292845RR0001	

First Name:		Last Name:		
Address:		City:	Prov.:	Postal Code:
Date of Birth (MM/DD/YYYY):		Gender:		
Phone Number:		<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work
E-mail:		<input type="checkbox"/> Yes, please send me e-mail updates.		
Emergency Contact Name:		Emergency Contact Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		

Photo Consent: I consent to WESN taking and using photographs of me in print, Yes No
 online, or video materials, with or without my name, for any lawful purposes. Yes No

WESN will not disclose my information without my consent and will not rent, sell or trade their mailing list.

For Office Use Only

Membership Card Issued: Cheque #: Receipt #: Location: BM KP C&C

Member #: Data Entered By (initial): Revenue Control (initial): Revenue Control Sheet #:

Optional

This section will be removed and used only for statistical purposes.
Your answers will remain anonymous and will not be attached to your name or other identifying information.

I identify with the following ethno-cultural group(s):

My marital status is:

Single Married / Common-Law Widowed Divorced / Separated

My current housing arrangement is:

Rent Own Subsidized Other: _____

I identify as (please select all that apply):

Heterosexual Gay / Lesbian Bisexual Transgender

My individual annual income is:

Up to \$17,688 \$17,689 - \$25,000 \$25,001 - \$38,400 Over \$38,400