



2018 - 2019 Membership Application Form

Membership valid until the 2019 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:

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 of \$10.00 and over. Charitable Registration Number: 119292845RR0001	

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

Photo Consent: I consent to WESN taking and using photographs of me in print, 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 contact list.

For Office Use Only

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

Staff/Volunteer (initial): Revenue Control (initial): Revenue Control Sheet #: Data Entered By (initial):

Optional 2018-2019

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 / Pansexual Transgender / Other

My individual annual income is:
 Up to \$17,688 \$17,689 - \$25,000 \$25,001 - \$38,400 Over \$38,400