



Oct 2023 - Sep 2024 Membership Application Form

Membership is valid until the September 2024 Annual General Meeting.

Today's date: ____/____/____
MMM DD YYYY

Please make cheques payable to West End Seniors' Network.

Submit completed form and cash or cheque to:

Barclay Manor

1447 Barclay Street
Vancouver, BC V6G 1J6

Kay's Place

118-1030 Denman Street
Vancouver, BC V6G 2M6

OR submit completed form and e-transfer to:

info@wesn.ca

Payment	
<input type="checkbox"/> Annual membership fee	\$ 10.00
<input type="checkbox"/> Donation to WESN	\$
<input type="checkbox"/> I want my donation to be anonymous	
<input type="checkbox"/> Newsletter postage fee (\$25)	\$
Total	\$
<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> E-transfer <input type="checkbox"/> Credit Card	
Please Note: Tax receipts are issued for donations of \$20.00 and over.	

How did you hear about us?

- Social Media Friend/Family
 Other _____

First Name:		Last Name:	
Address:		Buzzer:	
City:	Province:	Postal Code:	
Date of Birth (MMM/DD/YYYY):	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to answer		
Preferred 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"/> Do not send e-newsletter	
Emergency Contact:			
First Name:		Last Name:	
Emergency Contact Relationship:			
Phone Number:		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
Email:			

WESN will not disclose my information without my consent, unless requested under the Societies Act, and will not rent, sell or trade their contact list.

Charitable Registration Number: 119292845RR0001

FOR OFFICE USE ONLY			
Mbrshp Card Issued:	<input type="checkbox"/> Cheque #:	_____	Receipt #: _____
	Location:	<input type="checkbox"/> BM	<input type="checkbox"/> KP <input type="checkbox"/> C&C
Staff/Volunteer (int.):	<input type="checkbox"/>	Rev Control (int.):	<input type="checkbox"/>
	Rev Control Sheet #:	<input type="checkbox"/>	Data Entered by (int.): <input type="checkbox"/>