



MEMBERSHIP APPLICATION

Silver Harbour Seniors' Activity Centre Society takes great precautions to protect your personal information. The information supplied here will only be used to provide, or inform you about, our programs, services and events, or for statistical purposes. It will not be shared with any other party. Please advise us if your information changes.

Today's date _____

How did you hear about Silver Harbour? _____

Name _____ Male Female

Address _____ Postal code _____

City of North Vancouver District of North Vancouver Other _____

Telephone _____ Email _____

Current or past occupation _____

Birth Date _____
month day year

Languages Spoken (other than English) _____

In case of emergency, please notify...

Emergency Contact #1: Name _____ Relationship _____

Telephone Numbers _____

Emergency Contact #2: Name _____ Relationship _____

Telephone Numbers _____

I am interested in the following programs and services:

- | | | |
|---|------------------------------------|---|
| <input type="checkbox"/> physical fitness | <input type="checkbox"/> computers | <input type="checkbox"/> bus trips |
| <input type="checkbox"/> visual/performing arts | <input type="checkbox"/> seminars | <input type="checkbox"/> transportation |
| <input type="checkbox"/> languages | <input type="checkbox"/> meals | <input type="checkbox"/> volunteering |
| | | <input type="checkbox"/> other: _____ |

I consent to Silver Harbour Centre Society using the personal information supplied above to inform me about, programs, services and events. yes no

Signature